The Fortnightly

REVIEW

OF THE CHICAGO DENTAL SOCIETY

June 1, 1946

Volume 11 . Number 11



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Published semi-monthly by the Chicago Dental Society. Publishing, Editorial and Advertising Office: 30 North Michigan Avenue, Chicago 2, State 7925.

Annual subscription \$2.50; single copies 15 cents; circulation 6,000 copies.

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ENGLEWOOD

Navajo Fields Country Club
June 19

NORTHWEST
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June 26

WEST SUBURBAN Nordic Country Club July 24 WEST SIDE Itasca Country Club July 10

CHISELERS CLUB
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August 7

The Fortnightly REVIEW

THE CHICAGO DENTAL SOCIETY

June 1, 1946

Volume 11 . Number 11

The Denture Space and Its Registration in Full Denture Construction*

Robert R. Gillis, Hammond, Indiana

The denture space is that portion of the head above the pendant mandible which is occupied by the teeth and their immediate supporting tissues and within which the tongue functions; it is bounded laterally by the inner surface of the cheeks, anteriorly by the lips, above by the tissues of the palate, below by the floor of the mouth, and posteriorly by the approximate line of attachment of the tissues of the soft palate and anterior fauces.

The denture space is to be considered as comprising three dimensions, all of which increase with the normal growth of a person from infancy through adolescence to the stage of young adulthood. Such growth is the result of normal function. We accept that these anatomical structures are in prime function at the adult stage of development. After reaching the adult stage, the denture space per se makes no further changeexcept as it may become distorted by trauma. The denture space is not destroyed by the wear, loss, or shifting alignment of the teeth; a loss of a considerable portion of the teeth unilaterally or posteriorly in one arch can result in a temporary distortion of the denture space but the total loss of all teeth does not result in any distortion or alteration of denture space dimensions.

The denture technic, described in part in this paper, is founded on the premise that the edentulous patient has lost nothing but the bulk or mass of tooth substance and some of the tooth-supporting tissues; that the edentulous patient brings to the dentist the identical denture space which he possessed in early adulthood; and that the dentist should supply dentures that restore that bulk or mass the loss of which makes the patient edentulous. Unfortunately, many dentures fail in this respect leaving the patient with a distorted denture space and crippled in several functions.

The denture space comprises two segments, maxillary and mandibular, each containing its respective dental arch. The two segments constitute a continuous whole when in centric occlusion. The dental arches together with their supporting and surrounding structures comprise the organ of mastication and participate in the further functions of speech and deglutition, plus others of no interest in this paper. The maxillary and mandibular segments are in actual occlusion only intermittently-only momentarily during the act of deglutition, once during each cycle of the masticatory function, and not at all during speech; the maxillary and mandibular segments are not in occlusion most of the time because the muscles are at rest, in a state of equilibrium.

^{*}Presented at Chicago Dental Society Midwinter Meeting February 12, 1946.

The space between the segments during rest has been named the free-way-space. This free-way-space does not vary greatly between different persons and will average 3 mm as measured at the central incisors.

When the two segments are in centric occlusion, their total overall height determines or constitutes what is called the vertical dimension. Vertical dimension does vary between different persons. However, vertical dimension for any given person does not change after he has reached adulthood, unless he has suffered some traumatizing disturbance. While the term "vertical dimension" is commonly used to designate height in the saggital plane at the incisors (or externally on the face), we must keep in mind that a vertical dimension may be surveyed through any given tooth; thus the loss of mandibular molars would result in a shortening of vertical dimension posteriorly, a collapsing distortion.

An examination of the free-way-space readily discloses whether the vertical dimension has become unduly shortened with its accompanying distortion of the denture space. This diagnostic feature is of particular value to the denture prosthetist because it provides a dependable guide in his work of restoration. Examination of the free-way-space is made thus:

- a) Have the patient seated erect, do not use the headrest.
- b) Have the patient repeat M, M, M, a number of times deliberately while you observe the position assumed by his mandible after sounding the letter. The position assumed by the mandible after saying M is rest position; the lips are gently in contact or slightly parted; levator and depressor muscles are in equilibrium at rest position. Rest position is a neutral position—the position from which all mandibular movements start.

Some previous writers have accepted that centric occlusion is the starting point of mandibular movements and erroneously called it rest position. We beg to disagree and consider that centric occlusion is the innermost end of the

masticatory stroke or movement. Centric occlusion cannot be rest position because effort is required to maintain it, as each of you may prove quickly for yourself by holding your teeth in centric occlusion for two minutes; centric occlusion is not a neutral position, not a rest position.

c) While the patient maintains his mandible at rest position, very gently part his lips to examine the space between the maxillary and mandibular incisors, the free-way-space.

d) Repeat this test several times to arrive at an acceptable determination.

If the free-way-space thus exhibited approximates 3 mm, you may safely conclude that this patient's vertical dimension does not require correction. A person of above average stature or "long faced" may exhibit a 4 mm free-way-space and still be accepted as normal for this individual.

But, if a free-way-space of 5 mm or more is found, you may be sure that some correction is needed. Subtracting the average, 3 mm, from the 5 mm (or more) exhibited shows that the vertical dimension should be increased 2 mm (or more) beyond that now worn by the patient. Among patients who have worn dentures for several years, we frequently find it necessary to restore from 3 mm to 10 mm in vertical dimension and, among such patients, it is not unusual to find some symptoms of the Coston syndrome, especially a diminished acuteness of hearing.

The functions of mastication, speech, deglutition, whistling, sucking, smiling, etc., are all performed by correlated action of muscles that are attached to the mandible and maxilla. These muscles frame the denture space. While these muscles are not involuntary, our use of them becomes so habitual as to make them practically involuntary. Their action in either of their several functions is parallel with their action in either other function. Hence we are enabled to use some of these functions to provide a pattern that faithfully simulates the movements of mastication. It will be noted that we need have no interest in any opening movement or position of the mandible which carries or extends below rest position; our entire field of interest lies inside of or above rest position.

Every edentulous patient brings to the dentist four essential items:

- ridge form—registered by impressions
- 2) ridge relation—registered by 'bites'
- condylar guidance registered by eccentric bites
- realeff—tissue resilience, salivary qualities, resultants of surgical or other trauma, etc.

The dentist builds four other related items:

- 5) cusp form
- 6) tooth form
- 7) incisal guidance
- 8) compensating curves

These latter four items are all arbitrarily determined by the dentist but must be properly correlated with the patient's four items to obtain a satisfactory end result.

Probably 95 per cent of all dentists pay scant attention beyond items 1) and 2) above, the impression and bite, hence we merely mention these other essentials to call attention to their importance in a complete technic of denture construction and to remind you that their neglect or nonobservance, collectively and severally, accounts for many failures in denture service.

IMPRESSIONS

The impressions register the area and contour of the roof and floor of the denture space, the denture-bearing areas.

Each school of denture technic has its favorite material and method for making impressions; they are numerous yet similar and all aim toward the same objective; however, the ever-recurrent changes that are presented would indicate that the ultimate has not been found. Each few years produces advocacy of a new technic whose apostles labor with a diligence and sincerity equaling the fervor of a new religion—but many methods thus offered soon pass out of favor and are forgotten. Each may have possessed some merit but its advocates pinned too

great importance on this single initial item in denture construction and neglected to observe or correlate it properly with the subsequent essential items.

We recognize the impression as being merely one important item. We give if a divided position in the sequence of steps in denture construction. We believe that impression making must be divided into two phases, preliminary or openmouth and final or closed-mouth.

The preliminary impression must provide us with a cast that gives acceptable contours of the denture bearing area. Over such a cast, we can shape a baseplate that will provide acceptable adaptation without impingement at any point and without encroachment upon any movable peripheral tissue; all of the muscular attachments in the labial, buccal, and lingual areas must be left free to exercise every functional movement.

Contrary to most teachings, our casts and baseplates probably will be smaller or less extensive in total coverage of tissue than those ordinarily used; there must be a clearance of at least 1 mm along every peripheral border with but one exception and that exception lies in the posterior border of the maxillary and in the postmolar pads of the mandibular baseplates; these areas must be reached and covered but not impinged upon. Further details of impression making will be considered at the proper time, which is after the final approval of the setup or tooth arrangement.

REGISTERING THE DENTURE SPACE

This step in denture construction is commonly called "taking the bite." You will appreciate later that this is not exactly the idea contemplated in our method. "Taking the bite" is very definitely what we do not want to do. In this very step, nearly 80 per cent of all errors are introduced by the dentist and his eagerly cooperative patient. The reason for such errors is very simple: it lies in the difference between a studied, conscious, voluntary effort by the patient to "shut," "close," "bite" and the same function performed naturally without

conscious, voluntary effort. Hence we must insist upon the elimination from our instructions to the patient of every use or mention of the words, "close, shut, bite."

For our purposes, we choose to employ mandibular movements that are parallel with the movements of mastication. We use the four Ss-speech, smiling, swallowing, and sucking and find them a most faithful set of guides. All of these movements, plus the movements of mastication, are performed so automatically as to be practically involuntary. While the commonly used old method (close, shut, bite) produces an 80 per cent chance of error, the use of these parallel mandibular movements produces a 90 per cent chance of being correct, plus facility in detection of any error immediately and its correction before proceeding further with construction.

We recommend that you try this improved method of "taking the bite" which we call parallel mandibular movements and whose route markings will be indicated by the four Ss—speech, smile, swallow, suck.

Let us have a sample demonstration by personally following this simple route:

say O—M; U—E and notice the protrusive-retrusive movement in the lips and even extending into the mandible;

now say M—E and notice the closingopening movement:

say M, M, M and note the easy position (rest position) assumed by the mandible after each M;

say M—E and smile, noticing that your teeth do not occlude;

now say M and swallow; now your teeth occluded.

In speech, there is never occlusion of the teeth.

In swallowing, there is always occlusion of the teeth.

During speech, and smiling, the mandible moves about from rest position but never so that the teeth completely cross the free-way-space. During swallowing and sucking, the upward movement produces a tooth-travel across the entire free-way-space and the teeth occlude.

Thus, the proper level at which to build occlusion is the dimension of the free-way-space above rest position. This can be expressed in algebraic formulae:

Rest position minus free-way-space equals occlusion or rest position equals occlusion plus free-way-space or rest position minus occlusion equals free-wayspace.

We would emphasize that rest position is a constant entity with each patient and it is our reference plane (or level) in denture construction.

STEPS FOR REGISTERING THE DENTURE SPACE

1) Have well fitted, periphery-free, nonimpinging baseplates.

2) Build a bite-block of modeling compound (sometimes called occlusionrim) on the maxillary baseplate to meet required labial contour and occlusal level. A safe guide to labial contour and level is again found in the function of speech, in the effective contact between the lower lip and incisal edge of the biteblock when making the valve sounds F and V. Try your own speech before a mirror, saying f, if, fire, v, very, oven; notice how your lower lip contacts the incisal edge of the maxillary incisors. A guide to the posterior level of the maxillary bite-block is the position of Stenson's duct in the cheek; it lies against the mesiobuccal cusp of the second molar. We recommend that you examine some young adult patients to further determine these two guide features.

3) With the maxillary bite-block in the mouth,

 a) insert the mandibular baseplate and determine that its distal portions do not interfere with the maxillary bite-block when the patient swallows;

b) have the patient assume rest position after swallowing or saying M,
 M; part the lips gently and note the space to be filled by the material of the mandibular bite-block;

 remove the baseplate, dry it, and add material for the bite-block. We prefer to use modeling compound.

- d) return into the mouth and instruct the patient to say M, M, M and continue to say M—nothing more;
- e) remove, chill, and cut away excess material;
- f) reheat the occlusal mass to a depth of 3 mm in water and return to the mouth. Now have the patient repeat M, M and swallow; now smile and swallow again with the lips gently closed.
- g) remove and retrim for any excess material.

Now, by means of parallel mandibular movements, you have registered this patient's denture space and, in addition, the mandibular segment is in functional occlusion with the maxillary segment.

The question has been raised that repeated swallowing and sucking might result in an overclosure or undue shortening of the vertical dimension. Even if this should occur, your reexamination would disclose the error at once by exhibiting too much free-way-space and it could be easily corrected before going any further with the case. But be assured that your patient is not apt to swallow beyond the proper level at which to establish occlusion. Any patient whose vertical dimension has been markedly shortened swallows only with added effort.

The maximum masticatory force is exerted just after the mandible has passed above rest position and as it approaches the level of occlusion, during that final 2 mm of movement. Then something like a trigger-zone seems to be reached which releases the contraction of the levator muscles and starts the depressors into action-and another cycle of masticatory movement begins. Each patient can exert his maximum force only at his proper level for occlusion; either above or below that optimum level, a marked decrease of power is manifested. If we should err in the other direction and construct at a vertical dimension that is too great for the patient (opening the bite too far), the free-way-space will be inadequate for comfort because the teeth will be in positive occlusion too much of the time; the patient is "chewing teeth." But, if this patient will tolerate this discomfort for a few months, Nature will come to the rescue and adjust to the proper level and free-way-space by producing a pressure atrophy in the alveolar ridges, thus compensating for the error in vertical dimension; Nature herself will reestablish the proper vertical dimension in that patient.

CHECKING DENTURE SPACE

Now reexamination of the bite-blocks in the mouth should show

- a 3 mm free-way-space with the mandible at rest position;
- 2) no occlusion when saying M;
- proper lip-incisal contact when saying F or V;
- near occlusion anteriorly when saying C, sea, see;
- 5) bilateral uniformity of contact at occlusion;
- constancy of antero-posterior relation at occlusion.

If either of these six items fails to satisfy in this examination, you need only to modify the mandibular bite-block further by repeating step f), either adding to or reducing the mandibular bite-block to obtain the desired relations.

Bite-blocks thus established register the denture space in functional occlusion. Functional occlusion probably will not coincide with centric occlusion as registered by any method employing the tracing-pin technic or gothic arch tracing, whether intraoral or extraoral. Mandibular movements have dictated a relationship of mandible to maxilla such as is obtained by those who employ the "tracing pin technic" only after they have made their post-processing or post-delivery adjustments in occlusion; and such resultant occlusion will be at variance with the tracing-pin dictate in over 70 per cent of such cases. In spite of the dictum of the National Society of Denture Prosthetists that "gothic arch tracings are the only scientific method of determining centric occlusion," our literature reveals that many members of that organization recognize the probability of error in the method.

This method of parallel functional movements has determined the functional relation between the ceiling and the floor of the denture space. The dentures themselves are the prosthetic substitutes for what once occupied that denture space. The dimensions and contours of these substitutes must conform to what formerly occupied that denture space and functioned therein.

FINAL IMPRESSIONS

With the setup completed and approved by the patient and some other member of the patient's family as well, we only now are prepared to make the final impression from which the dentures will be processed. The teeth, tongue, cheeks, lips are all in functional relation—and only in such circumstances can we make functional registration of the denture bearing areas.

Clean and dry the upper surface of the maxillary base; apply lightly some olive oil to all tooth surfaces to prevent the close adherence of the surplus wash impression material; apply the wash material to the base; gently guide it to near placement in the mouth and have the patient say M, smile and swallow; then swallow again and suck. Now employ any lip or cheek gymnastics that you please while the teeth are gently in occlusion. These functional movements will develop a registration of every contour that is essential except one.

Probably all of us have been embarrassed by the hindrance to speech that is experienced by patients with new dentures due to the altered linguopalatal surface contour. To reduce or eliminate this difficulty, we have found it expedient to allow the tongue function to dictate the contour of the anteropalatine surface. With the upper impression otherwise finished, remove the upper and clear away any excess wash material. Dry the anteropalatal area and apply a small thimbleful of wash material from cuspid to cuspid; replace in the mouth and have the patient make the l, th, and hard g sounds by saying the words lilly, then, George, gin, etc., repeating and again swallowing and sucking. I believe you will be pleased with the additional improvement afforded by this simple additional functional registration.

The upper impression is now complete and you can proceed with the lower in like manner or defer the lower until the upper is processed; your judgment and previous practice will dictate this se-

You may be surprised to find quite convex contours buccally and lingually in the molar-bicuspid areas of the mandibular denture, and your patients will be pleased with their ability to control food masses in those areas, especially if they have previously worn dentures that had concave contours.

SUMMARY:

The denture space was developed by function.

It reached final form in young adulthood and is not changed (except by trauma) thereafter even though the patient may have become edentulous.

Rest position of the mandible is likewise constant and may be used as a stage (or level) from which to determine the level for functional occlusion, 3 mm inside or above rest position.

Functional movements, such as speech, smiling, swallowing and sucking, that are parallel to movements of mastication are a dependable guide for determining the vertical dimension of the denture space.

Observance of these parallel functional movements constitute a safer and surer method than mandibular movements which incorporate voluntary effort by the patient.

EDITORIAL

A FAREWELL NOTE

There come times for all of us when difficult decisions must be made. I have reached such a time with regard to my editorship of The Fortnightly Review. The conclusion gives both regret and satisfaction: regret that I must separate from an assignment which has been stimulating and enjoyable, satisfaction derived from the feeling that the decision is the correct one.

The five years during which I had to meet fortnightly deadlines witnessed the entry of our nation into armed battle, saw our profession meet with magnificent sacrifice and incredible efficiency the challenge of preparing millions for combat duty, saw hostilities cease, and find us now anxious in the confusion of a changing world. Grave problems confront the health professions, but I believe plans are being formulated that promise improvement in public welfare and professional security.

During the five years the hours of the day have grown too few. New obligations have been assumed; old ones necessarily have been neglected. And the Review will benefit from a fresh editor, one with new contacts and a different point of view.

My tenure has been, and under the administration of Bob Humphrey I am certain would have continued to be, most pleasant. I am grateful to those who have made the editor's task enjoyable. They include the previous editor, Harold Hillenbrand, who established the Review in its present pattern, the officers of five different administrations, the office personnel—particularly Mrs. Haupers whose talented assistance has been invaluable, the reporters, the branch correspondents, and the many in and out of the profession who have given help.

There have been disappointments; not all the moves I have advocated editorially have progressed in the direction or with the speed desired. But I trust the future to nurture the seeds that have been sown.

I have leaned heavily on the next editor since my first days with the Review. Jim Keith has faithfully reported all society meetings for several years. His gift of expression is unusual in clarity and humor, and qualifies him for an outstanding editorship. I bespeak for him the same cooperation received by me from so many.

Being editor of The Fortnightly Review has been a grand experience. I am grateful to the society for the privilege.—Robert G. Kesel.

NEWS AND ANNOUNCEMENTS

REPATRIATED AMERICANS HAVE LITTLE CARIES

A health survey has been made of 4,618 repatriated American prisoners of war from the Far East and is reported in the April 13 issue of The Journal of the American Medical Association. An analysis was made of the results of prolonged malnutrition and mistreatment of these individuals. Striking deviations from normal include loss of weight, neurologic changes, a high incidence of pulmonary tuberculosis, muscular wasting, dermatologic manifestations and psychologic changes.

While a detailed study of the dental examination forms has not been completed, the study, as far as it has progressed, revealed no unusual pathologic conditions of the teeth. The number of carious teeth was less than that of the same age group living under normal conditions. X-ray pictures of the maxillas did not disclose any excessive bone destruction, and the bony pattern was considered normal.

HOTEL AIDS SPACE SHORTAGE

The Hotel Ansonia in New York City is making office space available for eighty to one hundred New York City medical and dental veterans. Edwin S. Lowe, president of the hotel, has requested that clubs, associations and organizations occupying the second floor of the hotel for clubrooms and periodic meetings give up the space for more urgent needs. Floor plans are being drafted for the entire second floor of the hotel to convert it into professional office suites for rental only to veterans in the medical and dental fields. Mr. Lowe states that this move is being made because the problem of finding suitable space to resume practice has been a thorn in the side of the great majority of physicians and dentists returning from military service. He believes that thousands of hotels throughout the country could follow the example set by the Ansonia to make space available to the veteran to give him that fair and well deserved chance.

POLIOMYELITIS AND SEWAGE POLLUTION

The Izaak Walton League of America has issued a pamphlet written by Dr. Edward A. Piszczek, director of the Cook County Department of Public Health, on the apparent relation between pollution of the Desplaines River in northern Illinois and the development of poliomyelitis. While there is some difference of opinion in regard to sewage pollution of streams and the spread of infantile paralysis, the desirability of eliminating stream pollution is unquestionable. The Izaak Walton League joins with the National Foundation for Infantile Paralysis in aiming to bring about a speedy abatement of sewage pollution of streams. The League specifically endorses the Clean Streams Bill introduced into the House of Representatives and the Senate.

ZOLLER CLINIC STAFF CHANGES

The Walter G. Zoller Memorial Dental Clinic has made several additions to its staff recently. Dr. Milton Siskin from the University of Tennessee and Dr. John Sims from Western Reserve University are dental interns. Dr. Lester Jacobs, a graduate of the Colleges of Pharmacy and Dentistry of the University of Illinois, is an assistant in dental surgery. Dr. Ned B. Williams is back after three and one-half years in the Army's Walter Reed Hospital, where he attained the rank of major in the Dental Corps. Also from Walter Reed Hospital comes Dr. Robert M. Appleman. He will continue his work in the field of prosthetics at Zoller as an associate professor.

On the Evanston Fluorine Project of the Zoller Clinic are Dr. Ira Gold of the University of Illinois College of Dentistry and Dr. Iden N. Hill of the Army Dental Corps. Edith Sizer and Joan Kelly are the roentgenographic technicians on the project.—Frank J. Orland.

TRIAL EXPERTS CONDEMNED

The medical and legal professions have joined forces in condemning the widespread use of untruthful or incompetent witnesses in courtroom testimony. The presidents of the Chicago Bar Association, the Chicago Medical Society, and the Illinois State Bar Association have sent a joint letter to all state tribunals. It states: "Henceforth when questionable testimony is produced, judges are requested to write a letter to the medical society, giving the name of the witness, the number of the case and when and where it was tried." Specialists will study the testimony and when warranted will refer the witness' name to the state department of registration and education for disciplinary action.

DR. C. C. LEWANDOWSKI 1906-1946

Dr. Cornelius C. Lewandowski, who was discharged from the Army last November after three years' service, died on April 9 in Belmont Hospital. Dr. Lewandowski was graduated from the School of Dentistry of Loyola University in 1929 and had his offices at Wellington avenue and Pulaski road. He is survived by his widow, Elsie; a son, Glenn; a daughter, Valerie; his father, three sisters and three brothers.

DR. EDWARD HULLA 1884-1946

Dr. Edward Hulla, a prominent dentist on the Northwest side for forty years, died in his home at 5002 Berteau avenue on May 1 after a long illness. He was a member of the class of 1903 of the University of Illinois. Survivors include his widow, Elizabeth; two sons, Edward L., and John, and a daughter, Florence. Services were held in Our Lady of Victory Church.

DR. WILLIAM MULLIN 1874-1946

Dr. William Mullin, who joined the Chicago Dental Society in 1906, passed away on May 1. Dr. Mullin had been a life member of the Illinois State Dental Society since 1930 and was elected a life member of the Chicago Dental Society in 1944. He was a graduate of the School of Dentistry of Loyola University, class of 1898, and until his retirement maintained his offices at 25 E. Washington street, and 72 S. La Grange Road, La Grange. He is survived by three sons: Howard of St. Louis, Missouri; William of Western Springs and Richard of Charleston, South Carolina.

DR. O. CLIFTON HALL 1874-1946

Dr. Oscar Clifton Hall passed away on May 21 in his home at 5307 Hyde Park Boulevard. Dr. Hall was graduated from the Chicago College of Dental Surgery in 1892 and had practiced in the Hyde Park district for the past fifty years. Surviving are his widow and a daughter, Mrs. Virginia Johnson, of Beverly Hills, California.

What Now?

By Frederick T. Barich



Dr. Molar with a smile on his face and "Oh, what a beautiful morning" on his lips, breezes into the office and sings out: "Good morning, Miss Scaler," to which there is no answer. "Humm" he thinks to himself, "late again." He goes about prettying himself, while inwardly a bit of adrenalin starts smoldering. The 8 o'clock is waiting in the reception room perusing a copy of "Life" which depicts the events of the San Francisco Conference. At 8:20, Miss Scaler arrives breathlessly with wacky hat askew, and a silly grin on her red scarlet crimson countenance. "Couldn't help it this morning, Dr. Molar, the neighbors didn't awaken me in time."

"Okay, okay, let's get going." (They start the day behind the 8 ball; so it doesn't augur well.)

At 9:45 Mrs. Q, dripping in mink and fingers and bosom ablaze with shiny stuff, arrives with darling son, Sunny, who has the 10 o'clock spot on the appointment sheet. Sunny sits quietly for exactly 10 seconds and then starts to move while

Mrs. Q peruses an issue of "Life" which deals with the happenings of the San Francisco Conference. (She had no idea that this conference had been in session.) First off, the lights are all switched off; then in a few moments, they are on again. This goes on for awhile until Miss Scaler puts a stop to it. A little later noises in the lab indicate violent activity there; and investigation reveals that plaster is strewn all over the place and that the air and gas tubings are pulled free of their moorings. Air and gas are hissing all over the place; in fact, the lab sounds like the snake-house at Brookfield Zoo during feeding time.

It is now 10:05 so Mrs. Q puts in her two cents worth: "Miss Scaler, didn't we have an appointment at 10:00 this morning?" "Yes, you did, but Doctor is a little late, sorry!" In the meantime the venetian blinds slide up and down with resounding clatters and the doors are opened and banged shut with precise regularity. All the while Mrs. Q remains nonchalantly absorbed in the Conference; and the adrenalin sparks fly faster and wider within Dr. Molar's tired carcass. At 10:20 the inlay pattern on which he worked so diligently failed to draw. The remake is not so hot, but it is passable. Through tension and restraint the adrenalin sparks activate the gastric secretions to copious proportions; so Dr. Molar's ulcer takes the one-two punch from its H Cl adversary.

At 10:30 sharp, the operating room is cleared for further action. In rushes Sunny Q and starts pumping up the chair while rat-tat-tating with the air syringe like a machine gunner. In turn, the sterilizer is opened and slapped shut; the hot and cold faucets turned on and off; paper cups are snapped out by the dozens; the engine is run in all speeds forward and backward, and all drawers in the cabinets are explored and left at half-mast. All of this happens in the twinkling of an eyelash.

Mrs. Q beamingly waltzes in and introduces her son to "The nice Dr. Molar."

"What's nice about him?" retorts Sunny.

"He doesn't hurt a bit."

"O yeah, the kids don't say that!"

(Continued on page 27)

Roster of Branch Memberships of CHICAGO DENTAL SOCIETY 1946-1947

ENGLEWOOD BRANCH

A Ackerman, Jr., Charles, 2403 W. 63rd St. Adams, Clarence W., 757 W. 79th St. Adams, Earl R., 6240 S. Kedzie Ave. Adducci, Domine E., 7500 S. Cottage Grove Ave. Ahner, Jr., Charles L., 7647 S. Hermitage Ave. Ahner, David J., 7800 S. Ashland Ave. Ahner, David J., 7800 S. Ashland Ave. Akers, Polk E., 25 E. Washington St. Alexander, Howard, 1305 E. 63rd St. Alson, Axel R., 6053 S. Halsted St. Altman, Bernard, 1142 E. 55th St. Anderson, Alfred G., 733 W. 64th St. Anderson, Raymond F., 1753 W. 95th St. Anderson, Reuben A., 812 W. 59th St. Arnstein, Samuel D., 6621 S. Sacramento Ave. Asher, Harold, 6155 S. Kedzie Ave.

Bailey, Harold A., 6401 S. Halsted St.
Baker, Kenneth E., 11006 Michigan Ave.
Ball, Walter C., 11112 S. Michigan Ave.
Bancherel, C. E., 357 W. 63rd St.
Banks, Carl H., 2376 E. 7181 St.
Bara, James B., 1844 W. 34th Pl.
Baron, M. C., 2132 W. 63rd St.
Bartz, Raymond, 6810 S. Western Ave.
Becker, S., 11112 S. Michigan Ave.
Becker, S., 11112 S. Michigan Ave.
Bell, E. C., 1868 W. 103rd St.
Bell, George E., 1344 E. 63rd St.
Bell, George E., 1344 E. 63rd St.
Belsam, James C., 5033 S. Damen Ave.
Benson, William H., 5943 Prairie Ave.
Bersg, G. G., 7905 Cottage Grove Ave.
Berggan, Joseph G., 3650 W. 5181 St.
Berning, George H., 11054 S. Michigan Ave.
Berquist, Carl D., 6135 S. Kedzie Ave.
Berry, Herbert T., 866 W. 64th St.
Bialecke, Edward P., 1159 W. Garfield Blvd.
Biel, Joseph F., 5301 S. Richmond St.
Binder, Samuel, 25 E. Washington St.
Binder, Samuel, 25 E. Washington St.
Black, John C., 55 E. Washington St.
Black, John C., 55 E. Washington St.
Black, John C., 55 E. Washington St.
Black, John St., 1657 Wentworth Ave.
Bonty, Raymond M., 1901 S. W. 13th Ave., Miami, Fla.
Bone, George D., 1305 E. 63rd St. Boersma, Jonn S., 1003/ F. Boersma, Jonn S., 1003/ F. Bondy, Raymond M., 1901 S. W. 13th Ave., Fla.
Bone, George D., 1305 E. 63rd St.
Bonk, Stanley F., 42×8 Archer Ave.
Bray, Willis J., 185 N. Wabash Ave.
Breaks, Ernest E., R. #4, Crawfordsville, Ind.
Breed, Thomas B., 1301 W. 79th St.
Brennom, Elmo F., 540 N. Michigan Ave.
Bromboz, Chester E., 3100 S. Halsted St.
Brooks, Malcolm P., 822 W. 79th St.
Brooks, Robert W., 805 E. 82nd St.
Brown, Ambrose C., 1180 E. 63rd St.
Brown, Ambrose C., 1180 E. 63rd St.
Brown, Herman N., 340 E. 58th St.
Brown, Herman N., 340 E. 58th St.
Brown, Herman N., 340 E. 58th St.
Buth, Lawrence, 10058 S. Michigan Ave.
Butke, William B., 2376 E. 71st St.
Burns, J. Harold, 25 E. Washington St.
Buttery, H. C., 30 N. Michigan Ave.
Byrne, Webster, 7856 S. Ashland Ave.

Campbell, Edwin J., 350 W. 69th St. Campbell, Francis E., 350 W. 69th St. Campbell, J. N., 6902 S. Ashland Ave. Caprow. Peter G., 6900 S. Halsted St. Carlos, Thomas A., 9138 Commercial Ave. Caruso, Salvatore V., 2808 W. 63rd St. Cavanaugh, Thomas P., 754 E., 79th St. Cayley, Thomas R., 2903 W. 38th St. Chadovich, Peter L., 4254 Archer Ave. Chandler, John P., 510 W. 69th St. Charles, Augustus W., 3518 S. State St.

Choate, Lester M., 6856 Wentworth Ave.
Christensen, Peter B., 1833 W. 103rd St.
Claiborne, Daniel L., 4305 S. Parkway
Claster, Henry, DC, Regional Hosp., Fr. Meade, Md.
Clemmer, F. B., 1971 W. 111th St.
Clinite, Harold E., 1555 W. 79th St.
Coffey, Charles J., 1305 E. 63rd St.
Coglianese, Emil J., 6856 S. Ashland Ave.
Colan, Hyman J., 310 S. Halsted St.
Coleman, Thomas, 6401 S. Halsted St.
Coleman, Thomas, 6401 S. Halsted St.
Colomy, William J., 400 E. 79th St.
Copalman, Fred, 5121 S. Kedzie Ave.
Cornick, C. H., 1305 E. 63rd St.
Corrigan, John C., 1131 W. 79th St.
Courtis, John J., 5809 S. Francisco Ave.
Covalt, R. Wayne, 35 E. Washington St.
Covington, George E., 5121 S. Union Ave.
Cruikshank, William R., 2540 W. 59th St.
Cruse, Millon, 1977 W. 111th St.
Cutler, Bernard D., DC, Post Surgeons Office, Ft.
Sam Houston, Tex.

Damrel, Elmore G., 1230 E. 63rd St.
Davidson, Walter J., 3301 S. Western Ave.
Davitz, Samuel, 2044 W. 35th St.
Deplewski, Matthew R., 2800 W. 59th St.
Devin, John P., 451 E. 111th St.
Diskelis, Anthony J., 4603 S. Ashland Ave.
Dochterman, Layton M., 510 W. 69th St.
Doyle, Harry C., 6857 S. Halsted St.
Drangelis, K., 2420 W. Marquette Rd.
Draper, William A., 755 E. 82nd St.
Drea, Arthur S., 6861 Stony Island Ave.
Dziubski, John W., 1937 W. 35th St.

Eck, Edward J., 1504 E. 53rd St. Edwards, William A., 5859 S. State St. Evans, John S., 7856 S. Ashland Ave.

Farrell, Frank A., 757 W. 79th St.
Feeney, Hugh S., 11256 S. Michigan Ave.
Felton, Reginald L., 1751 W. 95th St.
Fenzel, Frank W., 4135 W. 147th St. Midlothian
Fick, Albert F., 1971 W. 117th St.
Finley, Leo R., 7809 Evans Ave.
Fisher, Lewis E., 1180 E. 63rd St.
Fisher, William T., 7912 S. Halsted St.
Fishera, William T., 7912 S. Halsted St.
Fishman, Theodore, 134 W. 69th St.
Fleming, Thomas E., 1607 W. 51st St.
Fox, Edwin W., 8140 Drexel Ave.
Francis, John G., 6254 S. Ashland Ave.
Franklin, Edward M., 7056 Oglesby Ave.
Friduss, Mandel, 1800 W. 47th St.
Friedman, Albert, 6657 S. Ashland Ave.
Friedman, Julius, 11120 Michigan Ave.

Gabler, Isadore, D.C., Sta. Hosp., Army Air Field, Grand Island, Nebr.
Gaff, Oliver J., 718 W. 63rd St.
Gallagher, Earl, 1305 E. 63rd St.
Gallagher, Miles H., 818 W. 53th St.
Gapsis, John J., 4218 Archer Ave.
Gasior, T. A., 4016 S. California Ave.
Gates, R. J., 757 W. 79th St.
Gilmore, T., Thomas E., 7850 S. Halsted St.
Gilmore, Thomas E., 7850 S. Halsted St.
Gilroy, John J., 73r E. 79th St.
Glavin, Edmund M., 1327 W. 79th St.
Glavin, Edmund M., 1327 W. 79th St.
Glupker, Henry, 55 E. Washington St.
Golbby, Boles G., 1632 W. 63rd St.
Goldberg, Isadore, 3301 W. 63rd St.
Golddhorn, Ernest, 11055 S. Michigan Ave.
Goldmon, Maurice P., 756 W. 33th St.
Goldstein, Paul, 2630 E. 75th St.
Goldstein, Paul, 2630 E. 75th St.
Goldstein, Paul, 2630 E. 75th St.

Gosicki, Gustav S., 4231 S. Archer Ave. Gould, Seymour N., 6235 S. Ashland Ave. Grady, Stephen A., 10311 S. California Ave. Grady, Thomas G., 3952 W. 63rd St. Graham, John P., 2001 W. 35th St. Grauer, Meyer, DC, Mason Gen. Hosp., Brentwood,

Graham, John P., 2001 W. 35111 St. Graham, John P., 2001 W. 35111 St. Grauer, Meyer, DC, Mason Gen. Hosp., Bre N. Y. Gray, William M., 304 W. 63rd St. Grebliunas, Vincent J., 7023 S. Campbell Ave. Greene, Frank, 5603 W. 63rd St. Greene, Frank, 5603 W. 63rd St. Grimmes, P. D., 3145 W. 63rd St. Grimmer, Everett A., 30 N. Michigan Ave. Gronholm, Vesta T. M., 6908 S. Halsted St. Gumpel, Adolph W., 11420 S. Michigan Ave. Gutberlet, John T., 2903 W. 59th St. Gutmann, Edward N., 7207 S. Halsted St. Gutwirth, S. W., 1135 W. 79th St.

H
Haag, Ivan M., 1753 W. 95th St.
Haidys, Joseph F., 1809 W. 47th St.
Hamilton, Simmons C., 111 E. 47th St.
Hamilton, Simmons C., 111 E. 47th St.
Hammersmith, Ernest C., 718 W. 63rd St.
Handler, E. David, 60o1 S. Halsted St.
Hansen, Clarence W., 5900 S. Ashland Ave.
Harris, J. Earl, 1531 E. 68th St.
Hattendorf, D. F., 659 W. 79th St.
Hattendorf, Dobert T., 659 W. 79th St.
Hattendorf, Robert T., 659 W. 79th St.
Hawkins, James F., 8027 S. Carpenter St.
Hawkins, James F., 8027 S. Carpenter St.
Hawkins, O. I., 6306 Cottage Grove Ave.
Hayes, Harold H., 2376 E. 71st St.
Hayes, Michael J., 1376 W. 79th St.
Heidorn, Lester H., 3125 W. 63rd St.
Heidorn, Lester H., 3125 W. 63rd St.
Heinz, John L., 7854 Champlain Ave.
Henneberry, Gerald E., 1151 W. 79th St.
Henneberry, Gerald E., 1151 W. 79th St.
Heyboer, G. J., 7041 S. Halsted St.
Hillemeyer, William V., 6232 Ellis Ave.
Hiller, Charles W., 733 W. 64th St.
Hirsch, J. M., 25 E. Washington St.
Hirto, S. J., 1943 W. 48th St.
Hoenig, Herbert H., DC, Box 945, R. #10, Tacoma,
Wash.
Hohman, Ned U., 6900 S. Halsted St. Wash.
Hohman, Ned U., 6900 S. Halsted St.
Holland, Harold L., 1734 E. 79th St.
Holland, Edgar M., 806 W. 64th St.
Hooper, J. G., 1555 W. 79th St.
Hopkins, Marion B., 1903 E. 79th St.
Horevitz, L. P., 5100 S. Western Ave.
Hospers, Frank J., 733 W. 64th St.
Hospers, Frank J., 733 W. 64th St.
Hospers, John H., 25 E. Washington St.
Houghtaylen, R. W., 304 W. 63rd St.
Houlehan, Alfred R., 6335 S. Ashland Ave.
Howne, Edmond L., 733 W. 64th St.
Hull, Fred P., 6739 Archer Ave.
Hunter, John M., 9433 S. Ashland Ave.

Ing, Ewing J., 2317 Wentworth Ave. Ingledew, Walter B., 7500 Cottage Grove Ave.

Jacobson, Julius J., 7701 S. Halsted St. Laffe, Harry J., 1001 W. 63rd St. Laffe, Robert L., 1400 W. 79th St. Jakubs, Stanley, DC, 4605 S. Hermitage Ave. Janes, Lester L., 6313 S. Western Ave. Jankus, John, 2435 W. 69th St. Jason, Alfred P., DC, Med. Det., 410th Inf. APO. 470, c/0 P.M., New York, N. Y. Jindrich, Ervin, 1824 W. 47th St. Johnson, Carl A., 5900 S. Halsted St. Johnson, Carl A., 5900 S. Halsted St. Johnson, Gordon G., 7941 South Park Ave. Johnson, Gordon G., 7941 South Park Ave. Johnson, Died J., 55 E. Washington St. Johnsten, John J., 55 E. Washington St. Johnston, J. D., 1305 E. 63rd St. Jostes, B. H., 1715 W. 94th St. Jun, Joseph W., 6316 S. Western Ave. Jung, Arthur C., 2430 W. 59th St. Juozaitis, Anthony, 3261 S. Halsted St.

Kahn, Harry, 5038 S. Ashland Ave. Kalk, Lester E., 5500 S. Halsted St. Kaminski, Richard, 2000 W. 51st St. Kanchier, Paul, 9300 Cottage Grove Ave. Kazen, Harry H., 720 N. Wabash Ave. Keck, W. L., 28 E. Washington St. Keenan, James F., 6856 S. Ashland Ave. Kella, Joseph, 6548 S. Western Ave. Kella, Joseph, 6548 S. Western Ave. Kellogg, Donald E., 1808 W. 103rd St.

Kelly, John G., A. & M. Infirmary College, Stillwater, Okla. Kelly, John G., A. & M. Infirmary College, S Okla.

Cokla.

Kennedy, J. L., 1201 W. 79th St.
Kenney, Eber J., 10714 Hale Ave.
Keyser, Dixon B., 153 W. 69th St.
Kincaid, Clement J., 7825 S. Lowe Ave.
King, Anthony E. H., 6 E. Garfield Blvd.
King, August C., 7000 S. Halsted St.
Kirchen, John A., 6656 S. Halsted St.
Kirther, Bernard J., 1259 W. 51st St.
Kollar, Jr., John A., 180 N. Michigan Ave.
Korngoot, Maurice H., 6402 S. Sangamon St.
Kosel, Edwin C., 9241 S. Loomis St.
Kostrubala, Marion F., 5099 S. Ashland Ave.
Kouloa, Elmer J., 1540 W. 69th St.
Kramer, George M., 25 E. Washington St.
Kramer, George M., 25 E. Washington St.
Krauser, Clarence A., 7912 S. Halsted St.
Krebs, W. A., 332 E. 75th St.
Krojdlowski, A. L., 802 W. 31st St.
Kuchler, Frank G., 7848 S. Ashland Ave.
Kulvin, Harry H., 739 E. 79th St.
Kunik, Paul J., 5447-72nd Ct., Summit
Kuzminsky, Isaac J., 6135 S. Kedzie Ave.

L Lace, John L., 11112 S. Michigan Ave.
Lach, Francis J., 5100 S. Racine Ave.
Lach, Francis J., 5100 S. Racine Ave.
Laederach, Walter E., 104 S. Michigan Ave.
Lambert, Roy J., 68c6 S. Union Ave.
Lapp, Bernard C., 2825 W. 55th St.
Lauraitis, A. R., 2423 Marquette Rd.
LeBlanc, David H., 6911 S. Halsted St.
Levitt, D. R., 2801 W. 697d St.
Levitt, D. R., 2801 W. 697d St.
Leva, William G., 5053 S. Damen Ave.
Libman, I. H., DC, S.C.U. 1111, Med. Det., Fort
Devens, Mass.
Lieberman, Benjamin, 3140 S. Morgan St.
Lindholm, Eric R., 8200 Oglesby Ave.
Lindmark, George E., 1180 E. 63rd St.
Lindquist, W. J., 6301 S. Halsted St.
Lindquist, W. J., 6301 S. Halsted St.
Lindquist, W. J., 6301 S. Halsted St.
Lingen, George W., 733 W. 63rd St.
Lomis, Ciliford C., 506 W. 63th St.
Loritz, Ralph F., 4250 Wentworth Ave.
Luetscher, George B., 1607 W. 51st St.
Lynch, John E., 7845 S. Ashland Ave.
Lynch, J. W., 866 W. 64th St.

Mahoney, Joseph T., 29 E. Madison St.
Mahoney, William D., 55 E. Washington St.
Malmberg, T. V., 500 W. 59th St.
Mann, George H., 6465 S. Halsted St.
Manning, John L., 753 E. 70th St.
Marcus, Raymond, 2320 S. Western Ave.
Mariner, William B., 4800 S. Ashland Ave.
Marks, Rodney H., 5457 S. Ashland Ave.
Mathews, Henry J., 3516 W. 59th Pl.
Maurovich, Vincent J., 6856 S. Ashland Ave.
McCarthy, Joseph T., 1344 W. 79th St.
McCarthy, Joneph T., 1345 W. 79th St.
McCarthy, John F., 70th St. Hoep., Sheppard Field,
Tex.
McCarthy, John F., 7914 S. Halsted St. Tex.

McCarthy, John F., 7914 S. Halsted St.

McElroy, Donald L., 6252 S. Kedzie Ave.

McGloy, James W., 2405 S. Ashland Ave.

McMahon, John, 639 E. 79th St.

McMahon, Joseph J., 1535 W. 79th St.

McMenamin, Francis J., 6241 S. Ashland Ave.

McNamara, H. F., 5548 S. Union Ave.

McNamara, H. F., 5548 S. Union Ave.

McParland, L. P., 1101 W. 79th St.

McSweenev, D. J., 780 S. Halsted St.

Mc-Isler, Ora L., 27 E. 111th St.

Mc-Isler, Ora L., 27 E. 111th St.

Mc-Isler, Cornell Tex.
Mikular L. Myron, 120 E. 111th St.
Milas, Vincent B., 2559 W. 63rd St.
Miller, Orlen J., 55 E. Washington St.
Miller, Seymour F., 10304 S. Michigan Ave.
Miller, Seymour F., 10304 S. Michigan Ave.
Miller, Walter J., 7048 S. Western Ave.
Milton, C. L., 9447 S. Ashland Ave.
Mitr, Reuben, 718 W. 63rd St.
Mockus, John, 9229 S. May St.
Moran, I. I., 7440 S. Cottage Grove Ave.
Moran, J. T., 7466 S. Vincennes Ave.
Morant, Howard J., 2645 E. 75th St.
Murphy, W. G., 7701 S. Cottage Grove Ave.

Nathan, David, 2559 W. 59th St. Newell, Mary. 55 E. Washington St. Newton, H. C., 25 E. Washington St.

Nix, Donald F., DC, Dental Dept., U.S. Naval Hosp., Mare Island, Calif. Norris, C. E., 409 Dunbarton Rd., Baltimore, Md. Northstrum, Orville A., 6254 S. Ashland Ave. Novy, Henry N., 7855 S. Halsted St. Nowlan, James A., 9453 S. Ashland Ave.

Oaf, Irvin G., 5700 S. Halsted St.
O'Brien, Vincent W., 737 W. 79th St.
O'Brien, William A., 757 W. 79th St.
O'Grady, Francis J., 7914 S. Halsted St.
Oldaker, James L., 7901 Phillips Ave.
Oliver, Norman R., DC, U.S. Naval Air Sta., Lambert Field Disp., St. Louis, Mo.
Osinskis, Walter B., 86a0 Euclid Ave.
Ostrom, C. Alston, DC, U.S.S. Minneapolis, c/o FPO., New York, N. Y.
Ovitsky, Peter, 4729 S. Ashland Ave.

Pacer, S. J., 1723 W. 47th St.
Padden, Louis B., 841 E. 63rd St.
Pape, W. W., 11324 S. Michigan Ave.
Papsdorf, Paul G., 508 W. 69th St.
Parlin, Benjamin F., 1856 W. 63rd St.
Parlin, Benjamin F., 1856 W. 63rd St.
Paukstys, Joseph A., 4204 Archer Ave.
Pearce, Arthur J., 11112 S. Michigan Ave.
Pearce, Richard L., 3148 W. 63rd St.
Pedersen, George N., 856 W. 87th St.
Pelka, Francis X., 10439 S. Hoyne Ave.
Pellett, Harold R., DC. Sta. Hosp., Langley Field, Va.
Person, A. G., 800 W. 78th St.
Peters, Charles H., 9433 S. Ashland Ave.
Peters, Charles H., 9433 S. Ashland Ave.
Peters, W. A., 7305 Stony Island Ave.
Petersin, Peter, 10748 S. Michigan Ave.
Petraitis, Peter, 10748 S. Michigan Ave.
Person, A., 7305 Stony Island Ave.
Petraitis, Peter, 10748 S. Michigan Ave.
Petraitis, Peter, 10748 S. Michigan Ave.
Person, A., 1030 W. 63rd St.
Philips, W. C., 7449 Cottage Grove Ave.
Pincus, Maxim J., 2532 W. 63rd St.
Piewa, Joseph E., 13350 S. Baltimore Ave.
Podwika, Joseph J., 3904 W. 64th St.
Poronsky, John A., 4701 S. Damen Ave.
Pomerance, Isaac S., 3156 W. 63rd St.
Poronsky, John A., 4701 S. Damen Ave.
Pouts, Kenneth N., 6000 S. Halsted St.
Pouts, Kenneth N., 6000 S. Halsted St.
Poust, Kenneth N., 6000 S. Halsted St.
Pusstelnik, M., 5106 Archer Ave.

Quant, Leslie L., 11024 S. Michigan Ave. Quant, Owen N., 11024 S. Michigan Ave. Quinn, George M., 1377 E. 63rd St. Quinn, John P., 1702 E. 79th St.

Rabishaw, S. B., 6235 S. Kedzie Ave.
Raczynski, Walter V., 1711 W. 47th St.
Ragan, Edward H., 2600 W. 47th St.
Reed, Glis C., 366 E. 47th St.
Reed, Ellis C., 366 E. 47th St.
Reed, Forrest D., 32 E. Washington St.
Reed, James C., 1035 W. Garfield Blvd.
Regent, Paul B., 6237 Ellis Ave.
Reid, Harry A., 6857 S. Halsted St.
Renfroe, Earl W., 4501 Calumet Ave.
Reid, Harry A., 6857 S. Halsted St.
Renfroe, Earl W., 4501 Calumet Ave.
Rennie, W. J., 2376 E. 71st St.
Reynolds, W. Donald, DC, Med. Det., U.S. Disp. Bks.,
Ft. Leavenworth, Kans.
Reynolds, Thomas F., 153 W. 69th St.
Rice, William S., 603 Wentworth Ave.
Rietdyk, John, 7043 S. Halsted St.
Ritter, Solomon, 2942 W. 637d St.
Ritter, Solomon, 2945 W. 687d St.
Ritter, Robbins, Jerome, USPHS, 618-2nd Ave., Seattle, Wash.
Robin, Albert, 7211 S. Artesian Ave.
Robin, Manuel M., 3037 S. Wentworth Ave.
Rooney, Thomas E., 757 W. 79th St.
Rooth, B. John, 7054 S. Western Ave.
Rowan, William A., 3018 E. 91st St.
Rudder, Ralph C., 804 W. 79th St.
Runyan, George W., 734 W. 64th St.
Runyan, Louis N., 748 E. 7sth St.
Runzic, Joseph F., 3355 W. 637d St.
Ryan, Leonard, 2376 E. 71st St.

Sachs, S. C., 5058 S. Halsted St.
Sahlstrom, Edward C., 1808 W. 103rd St.
Saltzman, H. E., 1023 W. 63rd St.
Sauer, Raymond J., 30 N. Michigan Ave.
Saxon, Albert M., 11438 Michigan Ave.
Scanlan, Edmund J., 9430 S. Laflin St.
Schiltz, N. J., 8911 S. Loomis St.
Schiltz, N. J., 8911 S. Loomis St.
Schiltz, N. J., 6915 S. Loomis St.
Schulert, Alfred A., 7854 S. Ashland Ave.
Schulman, Byron J., 6245 Normal Blvd.
Schulman, Robert C., 30 N. Michigan Ave.
Schulz, W. A. E., 10641 Hale Ave.
Schulz, W. A. E., 10641 Hale Ave.
Schulz, W. A. E., 10641 Hale Ave.
Schwalen, Edmond B., 743 E. 74th St.
Schwarz, T. G., 5900 S. Kedzie Ave.
Seaborg, Axel A., 400 E. 79th St.
Seaborg, Axel A., 400 E. 79th St.
Seaborg, J. W., 6254 S. Ashland Ave.
Seaman, Robert N., 1633 W. 63rd St.
Seagal, Meyer, 757 W. 79th St.
Serr. Edward H., 5634 W. 63rd St.
Shaffer, Walter H., 733 E. 79th St.
Shaffer, Walter H., 733 E. 79th St.
Sharpe, Kenneth P., 733 W. 64th St.
Shelhamer, Milo D., 8217 Rhodes Ave.
Sherman, A. V., 738 E. 79th St.
Shisper, Everett S., 1808 W. 103rd St.
Shisper, Everett S., 1808 W. 103rd St.
Shissler, Everett S., 1808 W. 103rd St.
Siedlinski, V. E., 4143 Archer Ave.
Sielaff, Fred F., 2102 W. 35th St.
Silverman, Hyman L., DC, TSWRH-15, Wright Field,
Ohio.
Sinard, C. A., 11106 S. Michigan Ave. Sielaff, Fred F., 2102 W. 33th St.
Silverman, Hyman L., DC, TSWRH-15, Wright Field,
Ohio.
Sinard, C. A., 11106 S. Michigan Ave.
Slakis, L. P., 4454 S. Western Ave.
Snyder, Harry C., 4635 S. Ashland Ave.
Soeler, Francis A., 338 E. 113th St.
Soellner, Occar C., 7934 S. Green St.
Solfronk, Gustav W., 3125 W. 63rd St.
Spiro, Harry, 841 E. 63rd St.
Spiro, Harry, 841 E. 63rd St.
Spooner, Grant R., 6438 S. Halsted St.
Starshak, T. C., 733 E. 74th St.
Stein, David, 22 E. 79th St.
Stein, David, 22 E. 79th St.
Stein, David, 22 E. 79th St.
Stein, David, 24 E. 79th St.
Stein, Theodore, 4405 Archer Ave.
Stewart, Joseph P., Channel Rd., Interlaken, North
Muskegon, Mich.
Stillerman, Jacob H., 7000 S. Halsted St.
Stitlh, Andrew H., 717 E. 63rd St.
Stokoe, James S., 1757 W. 93th St.
Straba, Francis J., 3942 W. 63rd St.
Straba, Nobert L., 466 W. 87th St.
Strab, M. J., 487 W. 119th St.
Svenciskas, Charles J., 4401 S. Fairfield Ave.
Szczepanski, Edward J., 4925 S. Damen Ave.
Szok, Walter B., 3511 Archer Ave.

Tanis, Albert J., 10421 S. Emerald Ave.
Tanis, Robert N., 30 E. 111th St.
Tharp, Robert J., 11112 S. Michigan Ave.
Thayer, Ernest A., DC, 28029 E. River Rd., Grosse Ile,
Mich. Mich.
Thomas, Edward C., DC, S.C.U. 1111, Med. Det.,
Fort Devens, Mass.
Thompson, John R., 1753 W. 05th St.
Tirengel, Louis N., 7350 S. Halsted St.
Tobin, Olney T., 1306 W. 11th St.
Trippe, J. Brady, 6607 Evans Ave.
Trompen, Andrew N., 10900 S. Michigan Ave.
Truomey, Thomas W., 8910 S. Loomis St.
Tymony, Joseph C., 417 E. 47th St.

U

Umbenhaur, Ellery V., 6859 S. Halsted St. Umbenhaur, Rex E., DC, 3504 W. 97th Ave., Ever-green Park Urbanowicz, E. G., 4644 S. Ashland Ave. Ury, Anschil B., 6901 S. Halsted St. V Valentine, Richard H., 1912 W, 103rd St. Van Dam, Raymond C., 42 E, 112th St. Vermeulen, T. H., 10316 Bell Ave. Vezel, Charles Z., 3102 W, 63rd St. Vitek, Michael, 2024 W, 51st St. Vitek, Michael, 2024 W, 51st St. VIK, Jerome J., 5000 S, Ashland Ave. VIK, Vance J., 1758 W, 51st St. Vocat, Joseph A., 8048 N, Keating, Skokie Volkman, Arthur H., 506 W, 69th St.

Waalkes, Harry E., 125 E. 111th St.

Wach, Edward C., 5901 S. Kedzie Ave.
Wagner, Otto F., DC, 27th Gen. Hosp., APO 181,
c/o P.M., San Francisco, Calif.
Wakefield, G. L., 7059 Prairie Ave.
Wakerlin, Fred C., 8650 S. Ashland Ave.
Walden, Glen M., 800 W. 78th St.
Walker, Harry A., Ashley, Ill.
Walling, Myron B., 841 E. 63rd St.
Wallsh, Michael H., 7905 Cottage Grove Ave.
Warady, S. C., 7402 S. Halsted St.
Warczak, Barney J., 3701 S. Paulina St.
Warczak, Barney J., 3701 S. Paulina St.
Warshaw, Jack S., 400 E. 69th St.
Warshaw, Jack S., 400 E. 69th St.
Warshaw, Jack S., 400 E. 69th St.
Watkins, Raymond H., 1555 W. 79th St.
Weisclo, Adam, 3201 S. Kedzie Ave.
Wendelsdorl, C. W., 7000 S. Halsted St.
Werch, Samuel D., 6254 S. Kedzie Ave.
Werre, Edmund A., 2948 W. 59th St.
Wethers, William D., 11055 S. Michigan Ave.
Wiegel, Raymond E., DC, 9756 S. Hoyne Ave.
Wilner, Jerome L., 1305 E. 63rd St.
Wincherg, Leon, 7905 Cottage Grove Ave.
Winget, William B., R.R., 1, Box 52, Richmond
Winiecke, Edward L., 1218 W. 96th St.
Woojalk, Sonia R., 3159 W., 38th Pl.
Woodard, Charles H., 412 E. 47th St.
Woodlock, John L., 1115 S. Michigan Ave.
Woodworth, Dana L., 25 E. Washington St.
Wozolak, Jr., Frank S., DC, 635 S. Siegel St., Decatur
Wurmstedt, F. W., 600 W. 315 St. catur Wurmstedt, F. W., 600 W. 31st St. Wygodski, Bernard, 3202 W. 55th St.

Zacovitch, Norman, 4142 Archer Ave.
Zagers, E. W., 1180 E. 63rd St.
Zajdzinski, Charles V., 4724 S. Halsted St.
Zak, Charles F., 1757 W. 51st St.
Zallys, Paul P., 30 E. 111th St.
Zasser, David, 3444 W. 63rd St.
Zawadski, John S., 11821 Michigan Ave.
Zielinski, Joseph M., 2860 Archer Ave.
Ziemer, Elmer F., 800 W. 78th St.
Ziervogel, William H., 2423 W. 63rd St.
Zimont, Anthony J., 3252 S. Haltted St.

KENWOOD BRANCH

Adler, Leo S., 5240 S. Harper Ave.
Aison, Emil L., 25 E. Washington St.
Alexander, Waldo E., 5459 S. Michigan Ave.
Almaguer, Jose Z., 9204 Commercial Ave.
Andreas, Charles A., 1834 E. 79th St.
Aron, Eugene S., 55 E. Washington St.
Aronoff, Sidney, 6722 Chappell Ave.
Aronson, Harry L., 2922 E. 79th St.
Arrigo, Samuel J., 2458 Wentworth Ave.

Bacon, L. A., 185 N. Wabath Ave.
Baim, Harry M., DC, Sta. Hosp., L.A.P.E., Torrance, Calif.
Barmack, Charles, 9204 Commercial Ave.
Becker, Leonard H., DC, 829 N. La Jolla, Los Angeles, Calif.
Bengston, R. G., 25 E. Washington St.
Berg, Sidney H., 7058 Clyde Ave.
Bernstein, Morris J., 55 E. Washington St.
Beshur, I. K., 8720 Indiana Ave.
Binderman, Abraham B., 2511 E. 75th St.
Black, B. Z., 1505 E. 53rd St.
Blackely, Chester C., 7058 Euclid Ave.
Blayney, J. R., 950 E. 59th St.
Bokman, Arthur F., 122 S. Michigan Ave.
Bomer, George H., 104 S. Michigan Ave.
Bomer, George H., 104 S. Michigan Ave.
Bomer, George H., 104 S. Michigan Ave.
Boyd, Lester W., 2376 E. 71st St.
Boyd, Lester W., 2376 E. 71st St.
Boyer, Earl H., 7501 Exchange Ave.
Bradel, Sigmund F., 55 E. Washington St.
Braun, Milton, 5335 Woodlawn Ave.
Braxton, Fred J., 3458 S. State St.
Bressler, A. M., 1525 E. 53rd St.
Brosnihan, Fred J., 3458 S. State St.
Brosnihan, Fred J., 8500 Stony Island Ave.
Butt, Joseph, 9120 Commercial Ave.
Butt, Joseph, 9120 Commercial Ave.
Buyer, Warren E., 104 S. Michigan Ave. Bacon, L. A., 185 N. Wabash Ave. Baim, Harry M., DC, Sta. Hosp., L.A.P.E., Torrance,

C Camino, Romeo M., 3005 E. gand St. Camino, Rudolph J., 10555 S. Ewing Ave. Cannon, James H., 9140 Exchange Ave. Carlson, C. S., 9376 E. 71st St. Casten, J. R., 2612 E. 75th St. Case, M. W., 841 E. 63rd St. Charley, Milton P., 25 E. Washington St. Christopher, George L., 1525 E. 53rd St. Christopher, George L., 1525 E. 53rd St. Church, Robert R., 417 E. 47th St. Clark, Joseph S., 2636 E. 75th St. Clark, Joseph S., 2636 E. 75th St. Clark, R. L., 717 Shoshone St. N., Twin Falls, Idaho Clopton, Jordan, 409 E. 4*th St. Coble, Benjamin F., 4305 South Parkway Cohen, Norman, 5419 S. Ingiende Ave. Comroe, Joseph D., 7646 Paxton Ave. Comroe, Joseph D., 7646 Paxton Ave. Comroe, Joseph D., 25 E. Washington St. Conden, F. L., 55 E. Washington St. Cooley, Linn D., 3018 E. 91st St. Coster, Sylvester W., 11059 Hale Ave. Cowin, A. A., 5 S. Wabash Ave. Cruise, R. J., 59 E. Madison St.

Dahlberg, Albert A., 122 S. Michigan Ave.
Dallager, Roy A., 55 E. Washington St.
Danek, David H., 108 N. State St.
Dangremond, E. Herbert, DC. Sq. H., 354th A.A.F.,
B.U., Rapid City Army Air Base, S. D.
Daniele, Dominick A., 10056 S. Torrance Ave.
Davids n, Jr., Christian, 55 E. Washington St.
Davies, Clarence H., 1325 E. 53rd St.
Davis, Charles J., 4703 South Parkway
Davis, H. R., 33 S. Dearborn St.
Debski, Henry T., 13459 Baltimore Ave.
DeHaven, William A., 1523 E. 66th Pl.
Deist, M. W., 222 N. Bank Drive
Demovsky, I. M., 9113 Commercial Ave.
Despotes, Evangelos C., 30 N. Michigan Ave.
Deutsch, Melvin B., 25 E. Washington St.
Dundon, Walter E., 1525 E. 53rd St.
Dundon, Walter E., 25 E. Washington St.
Dundon, Manuel, DC, Amarillo Army Air Field, Amarillo, Tex.

Eberle, William R., 1525 E. 53rd St. Ebert, Elmer, 10058 Ewing Ave. Eisenstaedt, Joseph, 29 E. Madison St. Engel, Milton B., 30 N. Michigan Ave. Englert, George L., 6128 Ellis Ave. Estrin, Seymour M., 7130 Jeffery Ave. Everett, J. M., 55 E. Washington St.

Falkenstein, Eric, 1525 E. 53rd St.
Felcher, Fred R., 25 E. Washington St.
Fields, George W., 4305 S. Parkway
Findel, Sol. DC, Letterman Gen. Horp., San Francisco, Calif.
Fireman, Morton J., 4430 Drexel Blvd.
Fischer, Charles J., 2376 E. 71st St.
Fisher, Wayne L., 1525 E. 53rd St.
Flanagan, Jack R., 25 E. Washington St.
Flanagan, L. H., 25 E. Washington St.
Fribley, W. E., 25 E. Washington St.
Fribley, W. E., 25 E. Washington St.
Fried, J. A., 173 W. Jackson Blvd.
Frisch, Arnold E., 1525 E. 53rd St.

Gagnon, James A., 1105 E. 47th St. Gelberd, Moses B., 2643 E. 75th St. Gelberd, Moses B., 2643 E. 75th St. Geldmeier, Erwin F., 55 E. Washington St. Gerthro, Fred W., 180 N. Michigan Ave. Gierz, Alfred A., 6815, Crandon Ave. Giles, William D., 365 E. 51st St. Gils, William D., 365 E. 51st St. Gilst, William A., 1531 E. 68th St. Glaser, Bernard D., 7320 S. Ridgeland Ave. Gold, James S., 25 E. Washington St. Goldthorp, Ellmer A., 2403 E. 75th St. Goldthorp, Ellmer A., 2403 E. 75th St. Goldthorp, Elmer A., 2403 E. 75th St. Goodfriend, Erwin I., 841 E. 63rd St. Goodman, Joseph I., 5240 S. Harper Ave. Goodman, Sidney A., 1525 E. 53rd St. Gordon, Beniamin, 25 E. Washington St. Gould, Gail I., 1525 E. 53rd St. Gould, Gail I., 1525 E. 53rd St. Gould, Jules S., 6830 Stony Island Ave. Greenwald, Carl, 2576 E. 71st St. Greenwald, J. L., 1536 W. 63rd St.

Grieff, Rudolph U., 7454 Cottage Grove Ave. Grimson, J. S., 122 S. Michigan Ave. Guzik, T. J., 8800 S. Commercial Ave.

H
Haessly, Marvin M., 25 E. Washington St.
Haines, 7449 Cottage Grove Ave.
Halperin, A. S., 6850 Stony Island Ave.
Halperin, A. S., 6850 Stony Island Ave.
Hanrahan, E. P., 7101 Stony Island Ave.
Harmon, T. F., 438 E. 47th St.
Harris, Irvin T., 55 E. Washington St.
Hartley, H. A., 1525 E. S. Sard St.
Haywood, Lucius A., 701 E. 47th St.
Headen, Leon W., 306 E. 43rd St.
Hebert, Maurice R., 4255 Indiana Ave.
Heisler, John C., 55 E. Washington St.
Herzberg, B. L., 84 E. 63rd St.
Herzberg, B. L., 84 E. 63rd St.
Heitz, Jacob O., 836 E. 61st St.
Hitz, L. J., 826 E. 61st St.
Hitz, L. J., 826 E. 61st St.
Hitz, L. J., 826 E. 61st St.
Holland, Goerge Y., 1377 E. 63rd St.
Holland, Joseph F., 943 E. 43rd St.
Hollander, Walter M., 25 E. Washington St.
Hollomes, William H., 122 S. Michigan Ave.
Honoroff, Henry A., 185 N. Wabash Ave.
Honoper, Harold A., 55 E. Washington St.
Houbbard, H. H., 25 E. Washington St.
Hubbard, H. H., 25 E. Washington St.

Isay, Morton G., 1525 E. 53rd St. Iurillo, Samuel D., 10556 S. Torrance Ave.

Jacobs, Lester, 950 E. 59th St.
Jacobson, Alexander S., 1535 Hyde Park Blvd.
Jacobson, Emanuel E., 841 E. 69rd St.
Jaffe, Elmer T., 185 N. Wabash Ave.
Joffee, Robert W., 5654 South Shore Drive
Johnson, Frederick, 4811 Indiana Ave.
Johnson, Lawrence H., 716 E. 75th St.
Johnson, N. K., 841 E. 63rd St.
Johnson, Willard R., 7454 Cottage Grove Ave.
Jones, C. R., 4403 Prairie Ave.

Raczala, A. E., 9036 Commercial Ave.
Kargau, Harvey, 8 S. Michigan Ave.
Katz, Emanuel W., 1525 E. 53rd St.
Kelly, E. Byron, 55 E. Washington St.
Kelly, W. S., 1201 E. 55th St.
Klaper, David, DC, Sta. Hosp., D.C. No. 2, Fort Sill,
Okla.
Klavan, Bennett, 25 E. Washington St.
Klebansky, Aaron, 6700 Stony Island Ave.
Knab, Albert L., DC, 1001 E. Cedar St., South Bend,
Ind.
Stanley R., 5240 Harner, Ave. Ind.
Korf, Stanley R., 5240 Harper Ave.
Korol, Samuel, 11756 S. Michigan Ave.
Kreiner, Robert L., 1305 E. 63rd St.
Kresnoff, Charles S., 1525 E. 53rd St.
Kulvin, Robert E., 907 E. 80th St.
Kumanoto, Koki, 810 E. 47th St.

L
LaFond, Raymond J., DC, 127 Cheney St., Reno, Nev. Lall, Kuni, 3104 S. Michigan Ave.
Lane, Alvin H., 4636 Indiana Ave.
Lane, Jesse P., 25 E. Washington St.
Lauter, Fred G., 805 E. 82nd St.
Lebowitz, A. E., 9200 S. Commercial Ave.
Leib, Henry H., 25 E. Washington St.
Lerner, Peter A., 805 E. 82nd St.
Lerner, Peter A., 805 E. 82nd St.
Levadi, Solomon S., 25 E. Washington St.
Levien, S. H., 3504 Kenwood Ave.
Levin, Michael L., 10304 S. Michigan Ave.
Lewbin, Hyman J., 8700 Commercial Ave.
Lewison, Bernard, 1442 E. 55th St.
Libberton, Ralph E., 716 E. 75th St.
Lieberman, Alvin, 25 E. Washington St.
Link, Julian A., 2922 E. 79th St.
Litt, Max J., 1032 E. 55th St.
Litt, Max J., 1032 E. 55th St.
Lunden, Oscar S., 1305 E. 63rd St.
Lyding, John D., 25 E. Washington St.
Lyding, John D., 25 E. Washington St.
Lyding, John D., 25 E. Washington St.
Lynch, Steve W., 1952 E. 72nd Pl.

Macfarlane, George B., 7206 South Shore Drive

Mach, Benjamin W., 55 E. Washington St.
Machen, Charles C., 5901 S. State St.
Mackinson, John C., 1625 E. 79th St.
Mann, M. A., 101 E. 35th St.
Markus, Samuel A., 1525 E. 53rd St.
Marshall, Edwin, 1467 E. 53rd St.
Marshall, Edwin, 1467 E. 53rd St.
Mast, O. L., 1937 E. 71st St.
Mathisen, P. L., 1523 E. 53rd St.
Matkin, S. B., 1523 E. 53rd St.
McKenzie, J. E., 401 E. 75th St.
McKenzie, J. E., 401 E. 75th St.
McKnight, Alves E., 2376 71st St.
Miller, Cecil J., 55 E. Washington St.
Miller, Cecil J., 55 E. Washington St.
Mills, T. Ogden, 8153 S. Cottage Grove Ave.
Mills, T. Ogden, 8153 S. Cottage Grove Ave.
Mitchell, Hubert A., DC, 8th Army Hdq. Disp., APO
343, c/o P.M., San Francisco, Calif.
Moore, Frederick D., 3451 S. Mischigan Ave.
Moran, Edward L., 2376 E. 71st St.
Morange, R. M., 5505 S. Ashland Ave.
Morris, John S., 4619 S. Parkway
Mullineux, L. G., 1525 E. 53rd St.
Murray, Horatio S., 9204 Commercial Ave.
Murray, Joseph L., 39 S. State St.
Myers, Benjamin, 9119 Commercial Ave.

Naselli, George E., 1504 E. 53rd St. Nathan, B. R., 1525 E. 53rd St. Needelman, S., 5059 S. Ashland Ave. Neimark, M. W., 1533 Hyde Park Blvd. Newberger, A. D., 55 E. Washington St. Newman, Marcus M., 55 E. Washington St. Norman, F. E., 8756 Buffalo Ave.

Officer, Olive M., 4561 S. Michigan Ave. Orland, Frank J., 950 E. 59th St. Otto, Franklin W., 1604 E. 79th St.

Parker, Herbert F., 1204 E. 47th St.
Paule, Harry R., 2376 E. 71st St.
Phillips, Albert E., 104 S. Michigan Ave.
Pinkerton, Robert G., 7439 Cottage Grove Ave.
Plummer, Joseph H., 4655 S. Michigan Ave.
Porter, George J., 1346 E. 73th St.
Powell, Farrow R., 500 E. 31st St.
Prendergast, Louis G., 1525 E. 53rd St.
Proffitt, Hosea M., 4917 Vincennes Ave.

Quinn, Emmett M., 1180 E. 63rd St.

Raffel, Arnold M., 1525 E. 53rd St. Raffel, Harry, 1525 E. 53rd St. Raffel, Harry, 1525 E. 53rd St. Raffel, Harry, 1525 E. 53rd St. Raffle, Aron J., 7900 Essex Ave. Rak, Michael J., 13437 Baltimore Ave. Rak, Michael J., 13437 Baltimore Ave. Randall, Clifford S., 10534 Ewing Ave. Rapapaport, Bernard B., 55 E. Washington St. Raz, Baltazar G., 2918 Cottage Grove Ave. Reardon, Mark C., 2376 E. 71st St. Reid, Robert S., 613 Bowen Ave. Reid, William E., 25 E. Washington St. Resnik, Irving N., 1525 E. 53rd St. Resnik, Irving N., 1525 E. 53rd St. Ricks, Ernest J., 4655 S. Michigan Ave. Riedemann, B. A., 6645 Stony Island Ave. Rogers, Neil O., 1525 E. 53rd St. Rolander, E. Arthur, 7054 South Park Ave. Rosenberg, I. W., 1957 E. 71st St. Rosenberg, Samuel H., 3102 Indiana Ave. Rosenthal, William, DC, 7038 Merrill Ave. Rowan, Robert J., 7637 Cornell Ave. Rowan, Robert J., 7637 Cornell Ave. Rowan, Robert J., 7637 Cornell Ave. Rowan, William A., 3018 E. 91st St. Rubens, Philip, 1525 E. 53rd St. Rubens, Philip, 1525 E. 53rd St. Rubens, Philip, 1525 E. 53rd St. Ryan, A. C., 25 E. Washington St.

Saddler, William Q., 4304 S. Parkway
Sarnat, Jacob H., 1344 E. 63rd St.
Saunders, Roland P., 1430 E. 63rd St.
Scanlan, Walter R., 1525 E. 53rd St.
Schell, Walter W., DC. Main St., Alburtis, Pa.
Scher, Robert M., 7023 Jeffery Ave.
Schlosberg, Charles, 53 E. Washington St.
Schulson, M. L., 1601 E. 68th St.
Schudder, Joseph M., DC, Sta. Hosp., Camp Stoneman, Calif.

Searl, C. L., 30 N. Michigan Ave.
Sebolt, Frank B., 841 E. 63rd St.
Severn, Thomas, 6720 Stony Island Ave.
Shapira, Charles A., 183 N. Wabash Ave.
Shapira, Charles A., 185 N. Wabash Ave.
Sharf, L. F., 3836 S. Parkway
Shellow, Charles I., 2376 E. 71st St.
Shepard, Howard B., 101 E. Garfield Blvd.
Shere, John A., 1466 E. 55th St.
Siegel, Elmer A., DC, Sta. Hosp., D.C. No. 2, Camp
Kilmer, N. J.
Skrentny, Matthew J., 4268 Archer Ave.
Small, Elliott C., 239 E. 51st St.
Smith, Kenneth F., 7121 Yates Ave.
Smith, Kenneth F., 7121 Yates Ave.
Smith, Manuel, 53 E. Washington St.
Snoeberger, Paul A., 1332 E. 55th St.
Solomon, Ben, 17 N. State St.
Sondell, Milton J., 5481 Harper Ave.
Sone, William J., 9036 Commercial Ave.
Sorley, M. S., 5232 Kenwood Ave.
Sostrin, Samuel Z., 30 N. Michigan Ave.
Spencer, Wilbur L., 841 E. 63rd St.
Splatt, Melvin T., 25 E. Washington St.
Stasiewicz, William S., 3002 E. 88th St.
Stephan, Robert M., 930 E. 59th St.
Stephan, Faith Foster, 25 E. Washington St.
Stern, Leo, 4915 Drexel Blvd.
Stern, Leo, 4915 Drexel Blvd.
Stern, Leon M., 25 E. Washington St.
Stewart, Owen M., 11431 Michigan Ave.
Strone, Nathaniel A., 6850 Stony Island Ave.
Strone, Nathaniel A., 6850 Stony Island Ave.
Strobel, Gregory F., 7703 Ridgeland Ave.
Sugrue, John J., 2376 E. 71st St.

Tacticos, Julian G., 950 E. 59th St.
Tashiro, Isamu, 841 E. 63rd St.
Tener, William C., 850 E. 65th St.
Thomas, C. J., 108 N. State St.
Thompson, Charles M., 4703 South Parkway
Thornton, Reed F., 1525 E. 53rd St.
Townsend, Gerald W., 2034 E. 79th St.

Urbanowicz, Henry J., 9113 Commercial Ave.

VanMinden, Floris, 25 E. Washington St. Varounis, G. S., 1180 E. 63rd St. Verue, Harry M., 55 E. Washington St.

Wagner, Franklin, 25 E. Washington St. Walker, William J., 417 E. 47th St. Walker, William J., 417 E. 47th St. Wall, Maurice E., 2200 E. 71st St. Waterman, Charles E., 2376 E., 71st St. Weaver, Harold T., 25 E. Washington St. Weil, Rudolph, 1530 E. 53rd St. Weingart, William, 185 N. Wabash Ave. Weintraub, Harry L., 5240 S. Harper Ave. Weir, George L., 6 N. Michigan Ave. Weils, Robert J., 1525 E. 53rd St. Wexler, Leo L., DC, 7118 Essex Ave. Whitson, Lee F., 1180 E. 63rd St. Williams, Ned B., DC, Dental Bacteriology Sect., Army Dental School, Washington, D. C. Willeff, Max, 11242 Michigan Ave. Wilson, Lester, 2376 E., 71st St. Wittert, Victor, 8400 S. Burley Ave. Wolenberger, S., 30 N. Michigan Ave. Wyckoff, Philip H., 4258 Drexel Blvd.

Yale, Seymour H., 2630 E. 75th St. Yalowitz, Myer, 9036 Commercial Ave. Yocum, Donald R., 2376 E. 71st St.

Zerdun, Rudolph G., 7551 Oglesby Ave.

NORTH SIDE BRANCH

Aberman, Samuel, 25 E. Washington St. Abstein, Charles E., 1226 E. 47th St. Adams, Floyd E., 1791 Howard St. Addleman, Helen Fox, 1209 W. Sherwin Ave. Agster, William C., 3508 Lexington Ave. Ahnger, T. C., 2718 N. Sheffield Ave. Akers, Theron A., 35 S. Dearborn St.

Akesson, Axel W., 4759 N. Clark St.
Alban, David N., 3000 N. Broadway
Albright, Bernard E., 441 W. Fullerton Pkwy.
Allen, Bernard R., 6350 N. Clark St.
Allen, Bernard R., 6350 N. Clark St.
Allegier, James H., 4323 W. Devon Ave.
Allison, John T., 1203 N. Dearborn St.
Altus, Maurice S., 4753 Broadway
Amaturo, Frank M., DC, Det. of Patients, Wakeman
Gen. Hosp., Atterbury, Ind.
Anderson, Carl A., 3254 W. Foster Ave.
Anderson, John A., 5154 N. Clark St.
Anderson, Robert A., 1635 Chase Ave.
Andreson, Robert A., 1635 Chase Ave.
Andren, Carl C., 1951 Irving Park Rd.
Antonopulos, C. K., 8 S. Michigan Ave.
Arrold, Joel D., 3954 Sheridan Rd.
Art, R. L., 4733 Broadway
Aseltine, Lyle F., 55 E. Washington St.
Asher, Carl A., DC, 1638 W. Farwell Ave.
Asher, Harry H., 55 E. Washington St.
Asher, Sidney, 4753 Broadway
Ashley, Edward H., 4753 Broadway
Ashley, Edward H., 4753 Broadway
Atchison, J. A., 3179 Broadway
Atchison, Bernard, 605 N. Michigan Ave.

Atchison, J. A., 3179 Broadway
Auerbach, Bernard, 605 N. Michigan Ave.

Baker, Elmer G., 7032 N. Clark St.
Bangert, Orville M., 1901 Belmont Ave.
Barclay, Paul S., DC., 3265 W. Wrightwood Ave.
Barcroft, D. T., 4816 N. Western Ave.
Bartheld, B. H., 53 E. Washington St.
Barth, Lee D., DC, Box 60, Rio Delmar, Aptos, Calif.
Bauer. M. B., 23 E. Washington St.
Baum, Maurice, 831 Margate Terrace
Baum, Theodor, 3131 Lincoln Ave.
Baumgarth, Henry, 329 N. Halsted St.
Baumgarth, Orrin G., 2337 N. Halsted St.
Bayly, Guy F., 5349 Sheridan Rd.
Bean, A. M., 1524 Jarvis Ave.
Becker, Louis, 1133 Bryn Mawr Ave.
Behm, Elmer H., 4317 N. Damen Ave.
Behm, Elmer H., 4317 N. Damen Ave.
Belm, Elmer H., 4317 N. Damen Ave.
Bell, Paul M., 424 Fullerton Pkwy.
Bell, Paul M., 424 Fullerton Pkwy.
Bendersky, Alex, 5025 N. Hamlin Ave.
Benoon, Edward O., 1472 Winona St.
Berkenstadt, A. B., 190 N. State St.
Berkenstadt, E. J., 185 N. Wabash Ave.
Berlin, Joseph, DC. Dental Clinic, Area B., Wright
Field, Dayton, Ohio
Berman, Harry M., 5934 N. Winthrop Ave.
Berman, Jules, 2349 W. Devon Ave.
Berman, Jules, 2349 W. Devon Ave.
Berman, Louis B., 3534 Southport Ave.
Bernat, Louis B., 3534 Southport Ave.
Bernet, Werner A., 25 E. Washington St.
Berman, Louis B., 3534 Southport Ave.
Bernat, Daniel L., 30 N. Michigan Ave.
Bester, John M., 55 E. Washington St.
Best, Robert E., U.S. Marine Hosp., 4141 N. Clarendon Ave.
Biegrson, Walter A., 1001 W. Belmont Ave.
Biegrson, Sp. 104 St.
Biach, L. T., 1791 Howard St.
Black, L. T., 1794 Howard St.
Black, L. T., 1795 Howard St.
Black, E., 6181 N. Winchester Ave.
Bilohm, H. C., 4765 Lincoln Ave.
Biohory, Joseph B., 665 N. Winthrop Ave.
Boder, Dora Neveloff, 4860 Sheridan Rd.
Bobalek, Stephen L., 1460 N. Broadway
Boman, Herbert L., 4733 Broadway
Boman, Herbert L., 4733 Broadway
Bord, Alfred L., 6205 Broadway
Bord,

Brock, Jr., J. C., 4753 Broadway
Bromund, Richard M., 100 W. North Ave.
Brown, Bradford T., 25 E. Washington St.
Brown, D. W., 311 E. Chicago Ave.
Brown, Paul H., 2335 Devon Ave.
Buchmann, Walter A., 25 E. Washington St.
Buckner, Stanley D., 7001 N. Clark St.
Burkhardt, William G., 2052 N. Orleans St.
Burrill, Dan Y., 311 E. Chicago Ave.
Bush, Orville J., 1045 Wilson Ave.

Calhoun, Judson J., 31 N. State St.
Callahan, Eugene J., 4432 N. Richmond St.
Cameron, Dan U., 25 E. Elm St.
Caplan, Julius, 4802 Broadway
Cardio, Frank E., 767 Milwaukee Ave.
Carlson, W. I., 25 E. Washington St.
Carmichael, V. A., 4753 Broadway
Carter, Henry A., 4753 Broadway
Carter, Henry A., 4753 Broadway
Cassell, M. A., 108 N. State St.
Chadwick, C. C., 1415 Morse Ave.
Chakoian, Henry M., DC, Reg. Hosp., Dental Clinic,
Camp Robinson, Ark.
Chakoian, Martin H., 800 N. Clark St.
Chand, M. S., 322 Sheffield Ave.
Chapman, Leonard C., 3304 Lincoln Ave.
Childs, T. B., 1336 Morse Ave.
Christiansen, Walter P., 1951 W. Irving Park Rd.
Chulock, Joseph W., 53 E. Washington St.
Cigrand, Arthur N., 5 S. Wabash Ave.
Cigrand, P. J., 5248 N. Glenwood Ave.
Clearwater, E. B., 53 E. Washington St.
Coesfeld, Oscar S., 400 N. Michigan Ave.
Conarty, Ansel F., 6335 Broadway
Conger, D. F., 5041 Kenmore Ave.
Connor, Fergus R., 812 N. Dearborn St.
Cooke, Ray S., 4753 Broadway
Corroran, Wilfred C., 5514 Broadway
Corroran, Wilfred C., 5514 Broadway
Corroran, Wilfred C., 5514 Broadway
Corroran, M. J., 55 E. Washington St.
Coughlin, Donald M., DC, Naval A.T.C., Dental Disp.,
Norman, Okla.
Courtney, T. F., 6355 Broadway
Coven, Irwin L., 9397 N. Broadway
Coven, Irwin L., 9397 N. Broadway
Coven, Irwin L., 9397 N. Broadway
Coven, Rushington J., 1737 Howard St.
Crane, Clayton J., DC, 1322 S.C.U., Fort Meade, Md.
Crotan, Charles W., 854 N. Clark St.
Crowley, E. X., 6565 N. Glenwood Ave.
Cupis, Basil A., 4554 N. Broadway
Curshan, Martin S., 6754 Sheridan Rd.

Dahl, Rolfe H., 25 E. Washington St.
Dale, Edward F., 2655 W. Winnemac Ave.
Dalitsch, Walter W., DC, 325 Sylvan Rd., Lake Bluff
Daniel, Jesse, 3388 N. Broadway
Dann, Forrest A., Box 258, Round Lake
Dattelzweig, Fred M., 4765 Lincoln Ave.
Davidson, Paul J., 30 N. Michigan Ave.
Davidson, Scott M., 4803 Lincoln Ave.
Davis, J. LeRoy, 1737 Howard St.
Davis, Walter K., 5153 N. Clark St.
Denen, Harry E., DC, U.S. Naval Hosp., Corpus
Christi, Tex.
De Riemer, A. E., 25 E. Washington St.
Deutschnam, V. E., 1524 Howard St.
Dittmar, Sr., G. W., 30 N. Michigan Ave.
Dittmar, Jr., G. Walter, 30 N. Michigan Ave.
Dittmer, Cedric K., 55 E. Washington St.
Dittmar, Jr., G. Walter, 30 N. Michigan Ave.
Dittmer, Cedric K., 55 E. Washington St.
Dittmar, Jr., G. Walter, 30 N. Michigan Ave.
Dittmer, Cedric K., 55 E. Washington St.
Dix, Ray M., 1931 Irving Park Rd.
Dixon, John T., 1922 Wilson Ave.
Dodge, Charles H., 2852 N. Mozart St.
Doe, Adolph C., 141 W. Jackson Blvd.
Dressel, H. G., 2200 Irving Park Rd.
Drew, Alfred J., 55 E. Washington St.
Druck, Charles S., DC, Sta. Hosp., Ft. Winfield Scott,
Calif.
Dubrow, N. S., 6354 Broadway Cair.
Dubrow, N. S., 6354 Broadway
Dugas, Joseph M., 5740 N. Lansing Ave.
Duggan, Edward J., 3736 N. Tripp Ave.
Dunkelberg, Royal B., DC, Sta. Hosp., Ft. Jackson, Dunn, Joseph A., 3559 N. Western Ave. Dusik, T. F., 6083 N. Kirkwood Ave.

Edmand, Paul A., 55 E. Washington St. Elliott, N. Manley, 4753 Broadway Elman, Earl S., DC, Sta. Hosp., Randolph Field, Tex. Erdmann, George E., 311 E. Chicago Ave.

Erickson, Alfred, 3959 Lincola Ave. Ericson, Marvin G., 4739 Broadway Etu, L. A., DC, 24nd Sta. Hosp., APO. 957, c/o P.M., San Francisco, Calif. Evanson, Louise, 25 E. Washington St. Evers, Henry A., 5930 N. Clark St.

Fabian, Frank C., 4753 Broadway
Falstein, Maurice R., 1109 Bryn Mawr Ave.
Farber, A. J., 55 E. Washington St.
Farrell, Joseph L., 3179 N. Clark St.
Fehr, Hans F., 2742 N. Clark St.
Fein, Maurice, 1334 W. Devon Ave.
Feisher, Michael, 35 E. Washington St.
Ferguson, Norman J., 401 W. North Ave.
Ferguson, Norman J., 401 W. North Ave.
Ferguson, Stonewall J., 1332 Foster Ave.
Ferm, Julius W., 3336 N. Clark St.
Feuerlicht, Henry D., DC, Box 18, Sta. Hosp., Camp
Gordon, Ga.
Field, Bernard E., 3405 Lawrence Ave.
Finch, Graydon E., 2450 N. Clark St.
Fine, Seymour S., 1042 W. Argyle St.
Fisher, M. P., 4753 Broadway
Fisher, Ralph W., 563 Diversey Pkwy.
Fitzgerald, William C., 4753 Broadway
Flannery, Joseph A., 739 Fullerton Ave.
Fleming, George E., 2320 Lawrence Ave.
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Ford, Z. D., 6356 Broadway
Forslund, C. W., 4753 Broadway
Forslund, Harold W., 7404 N. Greenview Ave.
Freedund, G. R., 1005 Belmont Ave.
Freedund, G. R., 1005 Belmont Ave.
Freey, Clemens N., 1550 N. Clark St.
Frey, Clemens N., 1550 N. Clark St.
Frey, Leo J., 24 W. Division St.
Frink, Lila M., 2733 S. Michigan Ave.
Funkey, M. Corwin, 4753 Broadway

Gault, Irving G., 6934 Glenwood Ave.
Gechman, Paul, 3234 Bryn Mawr Ave.
Gentry, Grant C., 4619 Broadway
Gerber, Allen J., 4217 N. Greenview Ave.
Gerry, Morris I., 5024 Broadway
Gieler, Carl W., 4733 Broadway
Gilbert, Arthur A., DC, Bldg. 3108, Separation Ct.,
Great Lakes
Gilbert, Glenn R., 30 N. Michigan Ave.
Gillis, Ernest R., 2005 Lawrence Ave.
Gillis, Ernest R., 2005 Lawrence Ave.
Ginberg, Jack L., 55 E. Washington St.
Glass, Harry M., DC, Sta. Hosp., Camp Haan, Calif.
Gold, Henry O., 5939 N. Kenmore Ave.
Goldberg, L. G., 7002 N. Western Ave.
Goldberg, Stanley S., 4554 N. Broadway
Goldsmith, Walter W., 1548 W. Belmont Ave.
Goldstein, Byron M., 6342 N. Claremont Ave.
Goldstein, Byron M., 6342 N. Claremont Ave.
Goldstein, Byron M., 8 S. Michigan Ave.
Goldstein, Louis M., 8 S. Michigan Ave.
Goldstein, Louis M., 8 S. Michigan Ave.
Goldt, Herbert, 655 Buckingham Pl.
Gollin, Isadore S., 3844 Broadway
Gomberg, Joseph, 1038 Bryn Mawr Ave.
Goode, Louis A., 2703 W. Devon Ave.
Goode, Louis A., 2703 W. Devon Ave.
Goodney, Sydney B., 4534 N. Broadway
Gorrhow, Morton, 3002 W. Devon Ave.
Gordon, M. A., 2374 Lincoln Ave.
Gordon, Milbert G., 58 E. Washington St.
Gorbow, William S., 1457 Devon Ave.
Grabow, William S., 1457 Devon Ave.
Grabow, William S., 1457 Devon Ave.
Graffin, Lester P., 3633 Lawrence Ave.
Graffin, Lester P., 3635 Louker St.
Grant, J. C., 116 S. Michigan Ave.
Graton, Earl G., 5358 N. Clark St.
Grant, J. C., 116 S. Michigan Ave.
Grand Island, Nebr.
Greene, Alexander E., 17 N. State St.
Greene, Alexander E., 17 N. State St.
Greene, Harry G., DC. Walker Army Air Field, Sta.
Hosp., Victoria, Kans.
Green, Play R., 4538 Belmont Ave.
Greene, Alexander E., 17 N. State St.
Greene, Harry G., DC. Walker Army Air Field, Sta.
Hosp., Victoria, Kans.
Greene, James A., 1548 Belmont Ave.
Greene, Alexander E., 17 N. State St.
Greene, Harry G., DC. Walker Army Air Field, Sta.
Hosp., Victoria, Kans.
Greene, James A., 1548 Belmont Ave.
Greim, Paul F., 5 S. Wabash Ave.
Grindy, A. H., 1791 Howard St.

Gustavson, Herbert C., 5134 N. Clark St. Gutting, Arthur F., 25 E. Washington St.

H

Haberle, Herbert C., 55 E. Washington St.

Haberline, George W., 5910 N. Virginia Ave.
Haley, G. Wolford, 104 S. Michigan Ave.
Hall, Harrie L., DC, Base Hosp., Camp Peary, Va.
Halle, Carl A., 4755 Broadway
Hambleton, Gail M., 29 E. Madison St.
Handelman, Henry L., 4710 Lincoln Ave.
Hansen, Frederick L., 100 W. North Ave.
Hansen, Frederick L., 100 W. North Ave.
Hansen, Alfred E., 55 E. Washington St.
Hardy, Frederick K., 493 Sheridan Rd.
Harris, James S., 25 E. Washington St.
Harris, Frank S., 4403 Sheridan Rd.
Harris, James S., 25 E. Washington St.
Harris, Stanley M., 55 E. Washington St.
Harrwood, Ernest E., 561 W. Diversey Pkwy.
Hasterlik, Robert B., 1791 Howard St.
Hatcher, Oliver P., 4753 Broadway
Hax, George W., 8 S. Michigan Ave.
Hay, Robert B., 932 N. Michigan Ave.
Heamon, Clarence C., 1791 Howard St.
Heffner, Donald J., 55 E. Washington St.
Helmer, O. A., 4753 Broadway
Henderson, Harvey J., 1472 Winona St.
Henson, Morda S., 1740 Greenleaf Ave.
Hewitt, Arthur, 4765 N. Lincoln Ave.
Heibbard, L. C., 4554 Broadway
Hibbe, Harper J., 55 E. Washington St.
Hillebrand, Richard J., DC, Post Dental Clinic, Fort
Sam Houston, Tex.
Hillebrand, Harold, 222 W. Superior St.
Hillebrand, Richard J., DC, Post Dental Clinic, Fort
Sam Houston, Tex.
Hillenbrand, Harold, 222 W. Superior St.
Holfman, Charles P., 1001 Leland Ave.
Hoffman, Charles P., 501 Leland Ave.
Hoffman, Charles P., 101 Leland Ave.
Hoffman, Richard P., 1970 Lawrence Ave.
Hoffman, Richard P., 1971 Levon Ave.
Holland, R., 25 E. Washington St.
Holinberg, Gale L., 1145 Berwyn Ave.
Holland, R., 275 E. Washington St.
Holink, Robert E., 296 N. Michigan Ave.
Howard, Sanford S., 2561 N. Clark St.
Holic, R

Ihle, Chester, 4753 Broadway Imber, William J., 134 N. La Salle St. Irwin, Edward B., 5454 Broadway

Jackson, Carl E., 4803 Lincoln Ave. Jacobi, Lee. 4753 Broadway Jacobs, Ascher L., 909 Gunnison St. Jacobson, Bernard, 2501 Devon Ave. Jacobson, Isadore S., 4803 N. Lincoln Ave. Jacobson, W. J., 1045 Lawrence Ave. Janitschke, Robert P., 4753 Broadway Jastromb, Marshall L., 1411 Farwell St. Jennings, Howard P., 55 E. Washington St. Jesser, Jacob, 185 N. Wabash Ave. Johnson, Joel D., 1954 Irving Park Rd. Johnson, Carroll W., 8 S. Michigan Ave. Johnson, Howard M., 3166 Lincoln Ave. Johnson, J. W., 58 E. Washington St. Johnson, Milburn H., 1521 Foster Ave. Johnson, Milburn H., 1521 Foster Ave. Johnson, Oscar T., 25 E. Washington St.

Johnson, Walter R., 4554 Broadway Joyce, Delmar, 311 E. Chicago Ave.

K
Kabell, C., 209 S. State St.
Kadens, R. E., 1103 Bryn Mawr Ave.
Kahn, Charles P., 639 Diversey Pkwy.
Kamin, Emil Z., 55 E. Washington St.
Kangas, William F., 2001 W. Montrose Ave.
Kaplin, Lester D., 30 N. Michigan Ave.
Kastel, A. J., 23 E. Washington St.
Keats, William E., 8 S. Michigan Ave.
Keith, Robert P., 39 E. Washington St.
Kelley, Jay A., 1619 Howard St.
Kennedy, James J., 25 E. Washington St.
Kennedy, James J., 25 E. Washington St.
Kennedy, James J., 25 E. Washington St.
Kennedy, Arthur F., 200 S. Michigan Ave.
Kent, Harry J., 4803 Lincoln Ave.
Kent, Harry J., 4803 Lincoln Ave.
Kent, Howert C., 25 E. Washington St.
Kessler, Thomas, 4788 Elston Ave.
Khedroo, K. S., 100 W. North Ave.
Kirby, Edmund B., 2735 Devon Ave.
Kirts, Wesley M., 180 N. Michigan Ave.
Kirts, Wesley M., 180 N. Michigan Ave.
Kirts, Wesley M., 180 N. Michigan Ave.
Kiein, Jr., Carl, 25 E. Washington St.
Klein, Eugene G., DC, CASU 33, c/o FPO., San
Francisco, Calil.
Koch, Albert F., 4534 Broadway,
Koffman, Lewis S., 2233 W. Belmont Ave.
Kogen, Barnard, 540 N. Michigan Ave.
Kogen, Guis L., 32 W. Randolph St.
Kohen, Michael M., 188, N. Wabash Ave.
Koppel, S. M., 55 E. Washington St.
Kortich, Joseph F., 934 Armitage Ave.
Krain, Irving, DC, 1550th SCU Medic, Fort Knox, Ky.
Kral, Theodore T., 3116 W. Wilson Ave.
Krashen, Avery S., 25 E. Washington St.
Kroth, Ms., 55 E. Washington St.
Kroth, B., 55 E. Washington St.
Kroth, B., 55 E. Washington St.
Kroth, B., 55 E. Washington St.
Kothon, Joseph, 23 E. Washington St.
Kroth, B., 55 E. Washington St.
Kroth, B., 55 E. Washington St.
Kullmann, Ernest W., 4730 N. Lincoln Ave.
Kullmann, Ernest W., 4730 N. Lincoln Ave.
Kullmann, Ernest W., 4750 N. Lincoln Ave.
Kullmann, Ernest W., 4730 N. Lincoln Ave.

L
Lachmann, C. M., 1951 W. Irving Park Rd.
LaDue, John B., 25 E. Washington St.
Lager, Hugo O., 1107 Berwyn Ave.
Lambach, H. C., 2345 Devon Ave.
Lambert, Morton, 1559 Chicago Ave.
Lane, James A., 6541 Sheridan Rd.
Lane, John Frederick, 4753 Broadway
Lane, Paul L., DC, 411 W. Dickens Ave.
Lange, Hans C., 1548 Belmont Ave.
Lange, Hans C., 1548 Belmont Ave.
Lange, Harold A., DC, U.S.S. Custer, APA. 40, c/o
FPO., San Francisco, Calif.
LaPres, Lloyd M., 25 E. Washington St.
Larsen, Orville C., 1791 Howard St.
Larsen, Otto H., 6420 N. Artesian Ave.
Larson, John H., 4758 N. Lincoln Ave.
Larson, John H., 4758 N. Lincoln Ave.
Laskowski, Joseph M., 4765 N. Lincoln Ave.
Lauterstein, Aubrey, 30 N. Michigan Ave.
Lauterstein, Aubrey, 30 N. Michigan Ave.
Lawrence, I. G., 2742 N. Clark St. Law, David B., DC, Dental Clinic #2, Camp N. C.
Lawrence, I. G., 2742 N. Clark St.
LeBow, Max, 4003 N. Broadway
Lee, Richard A., DC, 615 Sexton St., Aurora
Lee, Richard A., DC, 615 Sexton St., Aurora
Lee, Rufus W., 1057 Wilson Ave.
Legare, Robert J., 7001 N. Clark St.
Lehman, John W., 4122½ Sheridan Rd.
Leib, M., 4200 Lincoln Ave.
Lemire, George E., 30 N. Michigan Ave.
Lemire, George E., 1429 Sedgwick St.
LeSchofs, Charles M., 1900 Montrose Ave.
Lestina, George F., 2051 Sedgwick St.
Levey, LeRoy D., 2501 W. Devon Ave.
Levin, Carl S., 1022 Argyle St.
Levin, Carl S., 1022 Argyle St.
Levin, Samuel, 3811 Pine Grove Ave.
Levin, Maurice L., 5640 Sheridan Rd.
Lewis, Maurice L., 5640 Sheridan Rd.
Lewis, Maxwell, 4707 Broadway
Lieberfarb, Nathan D., 30 N. Michigan Ave.
Lieber, Morris, 3847 Broadway
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NEWS OF THE BRANCHES

WEST SUBURBAN

The May meeting of the West Suburban Round Table attracted a large number. Dr. Nathan Potkin, University of Illinois Department of Therapeutics, delivered a very fine address on the employment of penicillin in root canal therapy. He reports excellent results where root canals revealed the presence of streptococci. It appears that this research has established a new status for root canal therapy wherein more pulpless teeth can be retained safely. . . . On June 3 at 12 o'clock noon another Round Table meeting will be held at the Oak Park Club. The speaker, Dr. Robert G. Kesel of the University of Illinois, will discuss dental caries and its control. All members of the Chicago Dental Society are welcome. . . . Some of our members have had winter vacations. Among those who have returned are Walter and Mrs. Edlund, who spent five weeks in Florida, and Helen Wisnow and her mother, who sojourned in California for six weeks. . . . E. A. Brundage has reestablished his office at 1044 Lake Street, Oak Park, after three years' service in the Army dental corps. . . . Winfield Scott has purchased a summer home at Wooddale on Lake Geneva, Wisconsin. . . . Mrs. Rudolph Hinrichs has been in the hospital for some time. Rudolph reports that she is doing nicely. . . . The date for West Suburban golf day has been set for July 24 at Nordic Country Club.—Asa J. La Grow, Branch Correspondent.

NORTHWEST

When Bob Placek asked me to take over this job I couldn't refuse—but I'm doing it only for friendship's sake. I'll need a friend—many friends—to help me in preparing this column. Being a believer in Shakespeare's proverb that: "The evil that men do lives after them; the good is oft interred with their bones," I want to scatter roses while their fra-

grance can be enjoyed. You tell me the news and I'll report it. . . . Installation of our new president, Bob Placek, and his corps of officers was conducted by Fred Ahlers, before a large gathering at our last meeting. . . . Thanks to Joe Ulis for an excellent chicken dinner and to Ben Davidson for inducing Mrs. Florence Bourke Ellis to appear on our program. Mrs. Ellis gave an interesting book review, strictly from memory, on how wives should not handle husbands. My dad used to say "You can't do a thing with them but neither can you do a thing without them." . . . Verbal bouquets were tossed about with abandon by Tom Wright, retiring president. Tom was given a vote of thanks by the membership for his splendid work as head of the branch. . . . President-elect LaMar Harris and Mrs. Harris were present. . . . Don't forget our golf outing Wednesday, June 26, at White Pines Golf Club in Bensenville—rain or shine. A typical Northwest branch "he man" good time is assured. Mark your appointment book now. . . . Let's all pitch in, fellows. I'll be listening. Call me at Seeley 7770.-Gus Tilley, Branch Correspondent.

NORTH SUBURBAN

The Ladies' party given by the Lake County Dental Society is scheduled for Wednesday, June 26. J. A. Studebaker has made complete arrangements for an enjoyable day. . . . L. V. Stephenson has arranged for the golf outing of the Evanston Association to be held on Wednesday, June 5 at the Sportsmen's Country Club. Dinner will climax the day as usual. Everyone is invited. . . . Walter Poyer and Otto Brasmer went to Louisiana on May 18 to attend a class reunion. They were guests of a former class member. That sounds like real fun. . . . Todd Dewel's brother, Robert, has been visiting him while waiting for his discharge from the army. . . . Harold Cook has returned from two weeks in the Ozarks. This is the same trip that Al Wurth took about a month ago. . . . Roger Huntington is giving up his practice. . . . George Blech is practicing at 721 Main Street, Evanston. His brother, Joseph, is an Evanston physician. He has just been released from the Navy. His former home was Milwaukee. . . . Hal Chason is back from his trip south. . . . George Schnath is going to Hayward for a little fishing. . . . O. H. Stuteville is in his new office at 1604 Chicago Avenue, Evanston. . . . Jim Fonda and Mrs. Fonda both had the flu. . . . Francis Yager's wife has recovered from an operation performed at the Evanston hospital and is feeling fine. . . . Eddie Baumann, W. A. Fanning, Charlie Cameron, LeRoy Hedges are North Suburban members in the Cooley Club. The group is named in honor of Ralph Cooley of Houston, Texas. They have visited offices throughout the country, including Mayo Clinic. Next Wednesday they will visit seven offices of their own group. This would seem to set a desirable precedent. . . . Howard Dunn and his wife were in an automobile accident last Sunday. Mrs. Dunn was injured but is recovering nicely. Howard was not hurt.-Henry Q. Conley, Branch Correspondent.

NORTH SIDE

Someone once said "Everything happens at least twice during the memory of man." Witness the two wars, the two dimouts and now me again. Like the seven year locusts I am back to plague you. Anyway now for the first official newscast: O. G. Baumgarth left May 18 for the north woods to keep a date with a musky. This modern age is wonderful —first thing to do on a new job is to take a vacation. . . . The golf committee consists of the following: Sid Pollack, chairman; Phillip Schoen, recently returned from Germany, vice-chairman; Joe Laskowski, recent ex-Navy, E. A. Lordahl, Harold Oppice, Frank Hurlstone, George Pike, Basil Cupis, and B. Q. Smith. Contact the nearest committeeman for further golf information. . . . Dr. Eli Luber, recently returned from the Army, is reopening his old office at Sheridan and Montrose. . . . Carl Gieler has been elected to membership in the North Shore Kiwanis Club. Dr. Russell Boothe recently was chosen secretary of the same organization. . . . Meyer Poliak has been enjoying the Wisconsin spring weather. . . . R. L. Art spent a short vacation in Terre Haute. . . . C. Lee Simons spent six weeks enjoying the beauties of Arizona. . . . The Lovola University Dental School dinner was the occasion at which the twenty-five year class, of which Basil Cupis and Bernie Albright are members, helped raise \$1,000.00 which was presented to the school. . . . Art Blim has just returned from Lauderdale Beach, Miami, where he landed a seven foot sailfish. His itinerary also included a plane trip to Nassau, Bahama Island, for a two day rest. . . . Homer Hunley spent a whole day cleaning out a large cavity in the 450-year-old oak tree which fronts his home on his estate in Barrington. After a perfect cleansing of the cavity, a tar protective base was applied and then, of course, the filling of cement. Homer says he would work an entire month, if need be, to save the tree-it is the most gorgeous oak he has ever seen. . . . Wanted: Assistant branch correspondents; no experience necessary. This is a fine opportunity to get in on the ground floor. Contact Dr. W. P. Schoen for application blanks. Remember you can get your literary experience today writing for THE FORT-NIGHTLY REVIEW; next year you can try Story.—Orrin G. Baumgarth, Branch Correspondent.

WEST SIDE

This year, for the first time since 1942, the Alumni Association of the School of Dentistry, Loyola University. Chicago College of Dental Surgery, held its popular function, Annual Homecoming and Clinics. The Alumni Association is very proud of its splendid development—from 4 members in 1886 to 6,759 members in 1946. Nearly six hundred Alumni attended the 63rd Annual Alumni Banquet at which Drs. Robert E. MacBoyle and

Pliny G. Puterbaugh announced their retirement from the faculty after forty years of teaching. The classes of 1896-1901, 1911 and 1921 were also honored at this banquet and as a surprise the class of 1921 presented a gift of \$1,000.00 to the School Building Fund. Dean Robert W. McNulty, in his first address to the Alumni, enumerated the various accomplishments of the dental school during the war years and gave a report of its wide research program as well as its scholastic standing. Rev. James T. Hussey, president of Loyola University, presented a detailed résumé of the future expansion program of the university and of the dental school. . . . West Side members, E. P. Boulger, G. J. Casey, L. J. Cahill, Michael DeRose, T. G. DeWitt, R. H. Johnson, Henry Kahn, S. R. Kleiman, Maury Massler and E. J. Rus contributed to the success of this function as participants in clinics, lectures and general arrangements. Everybody enjoyed the reunion and many happy memories were recalled. For instance: As we sat in the large amphitheatre, admiring the beautiful portraits of our distinguished teachers, Brophy, Logan and C. N. Johnson, Edward Rus, '21, observed that the present seats are quite different because the students can no longer carve their initials on them. . . . Congratulations to R. H. Johnson, who was elected president of the Alumni Association. . . . Nat Potkin's lecture and clinic on "Dental Uses of Penicillin" was enthusiastically received by the West Suburban Round Table. On May 10 he again presented his paper at the International Dental Research Association meeting at Abbott Hall, at which meeting he was elected to membership in the group. . . . Edward J. Chmiel attended a postgraduate course in partial denture prosthesis at Ohio State University. . . . E. Schachter is visiting his family at New Brunswick, New Jersey, and eating blintzes at Gluckstein's in New York. . . . The Chicago Sun in its May 16 issue gave a SALUTE to Frank J. Kropik for his work in the interests of Chicago children. Frank is on the staff of the dental clinic at the Cook County

Hospital and has been actively interested in the possibility of the establishment of a large central dental clinic for children. . . . Be sure to reserve Wednesday, July 10, for play, relaxation and reunion at the annual outing which will take place at the Itasca Country Club.—Maurice C. Berman, Branch Correspondent.

KENWOOD-HYDE PARK

Big news of the year is the coming golf outing to be held at Navajo Country Club on Wednesday, June 12. If you have not been contacted by a member of the committee, call Beverly 1133 and make reservation. That Woodstock (Woodchuck) Schubert should be present to provide locker room entertainment . . . The speed boys of 75th street, Larry and Willard Johnson have their thumbs on the pulse of the coming Indianapolis event. They have gone so far as to subscribe to Indianapolis papers . . . Two other 75th street luminaries, Rudy Grieff and Tom Humble are driving new cars . . . B. Z. Black traveled to North Carolina to visit his son at Fort Bragg . . . Neil Rogers just returned from inspecting all the places of interest in the same state . . . Reports are that Walter Scanlan spent a month in Florida. He should be in top shape for his new duties . . . Bill De Larve is back from service and expects to resume practice at his old stamping ground . . . Laurence Mullineux, who has been on the sick list for several months, is again on the mend and working part time . . . "Izaak Walton" Wells is looking forward to a spot of fishing . . . Bob Pinkerton, our new president, took over his official duties at the last meeting and will announce his committees in the near future . . . With this issue I take leave of the duties as correspondent and turn over the pen to Walt Scanlan . . . To my loyal assistants who have helped to carry this column along successfully for the past two years I wish to say "thanks, fellows!" The hardest part of being correspondent is getting news-so get back of Walt and call him often to re-

(Continued on page 27)

DIRECTORY CHICAGO DENTAL SOCIETY

Central Offices: 30 N. Michigan Ave., Chicago 2, Ill., Telephone State 7925

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Branch Correspondents

1603 Halsted St., Chicago Heights, Chicago Heights	185
Maurice Berman West Si	de
55 E. Washington St., Franklin 3894	
Gustave J. Tilley Northwest Si	de
1847 W. Chicago Ave., Seeley 7770	
Orrin G. Baumgarth North Si	de
2327 N. Halsted St., Lincoln 2243	
Raymond C. Van Dam Englewo	od
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Contributions

Manuscripts should be typewritten, double spaced, and the original copy should be submitted. Every effort will be made to return unused manuscripts, if request is made, but no responsibility can be accepted for failure to do so. Anonymous communications will receive no consideration whatever.

Manuscripts and news items of interest to the membership of the Society are solicited.

Forms close on the third and eighteenth of each month. The early submission of material will insure more consideration for publication.

Publication Staff

Robert G. Kesel	Editor
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Edward J. Krejci	Advertising Censor

Ethics Committee

Folmer Nymark,	Chairman	1946
Lester E. Kalk		1947
Walter J. Nock		1948

Applications for Membership

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Dr. Folmer Nymark, 4005 W. North Avenue. Anonymous communications or telephone calls will receive no consideration.

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NEWS OF THE BRANCHES

(Continued from page 25)

port news items.—Sylvester W. Cotter, Branch Correspondent.

ENGLEWOOD

Again we come to that time of year when we close shop for the summer, having completed our round of instructive meetings. At our last meeting on May 14 we had fifty-four in attendance at the dinner and more than eighty for the clinics and refreshments. For the clinics we were fortunate in having John Hospers, Ralph Rudder, Rodney Marks, Edmund Werre, Willis Bray, Sam Rabishaw, Jerome Wilher and Rex Umbenhaur. Branch officers for the coming year were installed by President Bob Humphrey: John Lace, president; Ed Glavin, vice-president; Eric Lindholm, secretary and Bill Shippee, treasurer. ... Robert Scher and Vern Eklund have just returned from service and Bill Schulz has opened shop again . . . Clarence and Mrs. Bancherel have recently returned from Florida . . . Louis Ahner and Jack Thompson are back from California where the latter read his paper on the temporomandibular joint . . . Paul Kanchier plans to study Washington, D. C., in the company of his family . . . Jerry Wilher is on his way to Louisiana for bass while Gus Solfronk, Ed Werre and Bill Shippee are out after trout at Lake of the Woods, Canada. It is said that every time Werre gets a bite his pole falls apart. Could it be that the fish know his tactics? . . . John Hospers visited with his father in celebration of his gist birthday. The question has been asked as to what a root canal will look like to John on his 91st birthday. We'll wager, however, that he'll still be able to make a motion that the minutes be accepted as read . . . The golf holiday is set for June 19 at Navajo. A good day of golf is promised for those who play and for those who do not there will be other interesting activities. A good dinner and the awarding of prizes will top off the day. I think it was Paul Kanchier who promised to shoot game for the dinner, if necessary . . . The Francis O'Grady's are expecting the stork in the fall . . . Reports are that Don Kellogg is well on the road to recovery following an ulcer operation . . . O. L. Medsker is getting along nicely after a gall bladder operation . . . Our sympathy goes to Elmer Ziemer in the sudden loss of his mother. -Theodore H. Vermeulen, Assistant Branch Correspondent.

WHAT NOW?

(Continued from page 14)

"Open please, Sunny," says Dr. Molar, now commanding the situation.

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"We have to fill that bad tooth."

"You and who else?"

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